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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Skin Diseases, Illustrated with Cases. Delivered at the Pennsylvania Hospital, March 13, 1861.

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As we have in the house a number of cases of diseases of the skin, illustrative of several varieties of those affections, I will take advantage of the opportunity, and bring several of them before you, and make them the basis of some clinical remarks on this interesting, and often complicated, subject.

The first patient is a man, born in France, who has always enjoyed very good health until about four months ago, when he was attacked with slight superficial red spots on different parts of the body, upon the face, upon the trunk, and upon the extremities.

These spots were but slightly elevated above the general surface of the skin, and were attended with very little itching, and very little inconvenience beyond that of a slight tingling sensation. Very shortly after this he found the superficial red spots covered with a scaly desquamation, and a slight exfoliation of the cuticle took place over these points in various parts of the body.

The disease, thus manifesting itself, constitutes one of those forms of cutaneous disease known as *pityriasis*, so called from the Greek word πιτυρον (bran.) It is not so well marked on the patient's face, as it was when he first came into the house, in consequence of the local applications which have given it its present soft and unctuous appearance. On his head it is seen in the form of *pityriasis capitis*, (Willan,) commonly described as *dandruf*, and it is the same expression of disease met with in other parts of his body. There is the same erythematous redness on the surface of the scalp, some little elevation of the skin, and the same bran-like desquamation of the cuticle over each point. In the scalp these bran-like scales sometimes overlap each other, as in the case of this patient, like the shingles on the roof of a house, and in many persons the disease is confined to this portion of the body, prevailing to a very distressing extent without any evidence of it in any other part of the body.

This is a variety of the classification of Willan, (one of the most convenient of the various classifications of skin diseases,) and coming under the order of squamæ of that dermatologist.

There did not seem to be, in this case, any hereditary taint, but it is probably dependent on something connected with the occupation of the man, which is that of a tailor, and also somewhat dependent upon the nature of his diet, which has probably been of an irritating character, which two circumstances have doubtless been the instrumental causes in developing the disorder.

In regard to its diagnosis, from the description given of its inception, and the peculiar bran-like or mealy desquamation, there cannot be much difficulty.

In the treatment of this affection, there are two directions which must be borne in mind; one is the relief of the constitutional disorder, and the other, the relief of the local disorder; and, perhaps, there may be also a third indication which tends to the restoration of the tone of the system.

Diseases of the skin are but the signs indicating the presence of an unhealthy condition of the blood, the signs by which the presence of an enemy in the system is to be recognized, and if they are treated simply as local disorders, the symptoms may be palliated for a time, but the cure of the disease will never be complete until the *blood disorder* is removed.

In treating these diseases therefore we direct our attention to the digestive organs, endeavoring to keep up a gently soluble condition of the bowels, by the administration of antacids and tonics, by strictly regulating the diet, and the avoidance of all irritating food, and also by the administration of remedies which shall have the effect of eliminating from the blood that poison which most probably originally arose from mal-assimilation.

In the case before you we therefore, direct a purgative of some of the alkaline salts, and intend at the same time to see that his diet is carefully regulated, and in conjunction with this, we will endeavor to eliminate from his system the poison on which his disease depends, by the administration of diuretics in the shape of the acetate and carbonate of potassa.

To relieve the local disorder we will apply some unguents, in the shape of simple lard, with a little borax mixed with it; or, what is better, the benzoated lard, with a small quantity of borax, or some astringent, as the acetate of lead, mingled with it.

There is much prejudice with some persons with regard to the application of ointments to the skin. The objection arises, not so much from any ill they may be capable of doing themselves, as from the injudicous manner in which they are applied.

The ointments kept in our drug stores, and, perhaps, those which lie on the shelves of country practitioners, are very frequently not in a condition to be applied for therapeutical purposes. Ointments are very apt to become rancid from being kept, and if these rancid materials are applied to the skin, instead of having the expected soothing influence, they will act rather as irritants.

They can, however, be preserved for a long time, and their good effects still be insured, by a careful admixture in them of small quantities of the powdered gum benzoin, or if the lard out of which the ointments are made is benzoated, they will not only keep well, but will also have a very good therapeutic influence upon diseases of the skin. This may be accomplished by taking ten grains of the powdered gum and mixing it with melted lard and filtering it through paper, which will preserve it, and at the same time also impart to it a pleasant odor. The benzoated lard may then be medicated with any substance that it is desirable to employ as a local application.

Moreover, a great deal of the benefit derived from these applications is often owing to the mode of employment. Even when the proper article is used, many persons satisfy themselves with smearing a cloth with the ointment, and laying it on the surface, which method will often disappoint the expectations of the practitioner.

The proper mode of application is either by means of the finger gently applied, or, better still, by means of a soft camel's hair brush, large enough to hold a considerable amount of the ointment, which should be carefully applied over the surface and pushed in with the soft point, until it fairly reaches the diseased surface.

This not only acts as a smooth unguent, but it prevents the irritating influence of the atmospheric air, and keeps the skin beneath supple and soft.

I have also directed the patient to have a warm bran bath. This is itself soothing, its mucilaginous properties are given to the water, and it thus tends to relieve the distressing itching which sometimes greatly annoys the patient.

Many persons, in using the bran bath, will throw the bran into the bath and mix it with the water. It is true that by this means you obtain the mucilaginous properties of the bran, but it makes the bath itself so repulsive and uninviting, that many persons will hesitate about using it. But, if you take a quarter or half a peck of bran, tie it up in a bag, and throw that into the bath, and as the patient lies in the bath let him move it about, you extract sufficient of the mucilaginous material to obtain all the therapeutic influence it possesses, without rendering it necessary for the patient to leave the bath with the particles adherent to his person.

This plan of treatment has been adopted with this patient. He has been in the house but a few days, and there is already a clearing up of the skin; the furfuraceous desquamation has almost entirely disappeared from his face, and he presents a much more healthy appearance than he did on his admission.

Should the disease resist the treatment which has been adopted, we shall then try some of the constitutional remedies, with the view of securing an alterative action.

The Second Case which I show you, is one belonging to the class of papulæ, or pimples.

This patient (a man) presents an illustration of the chronic form of the disease known by the name of LICHEN, so called from the Greek word λειχην, a roughness of the skin, and classified by Willan as *papulæ*, or *pimples*.

A familiar example of this skin disease exists in the prickly heat, which often occurs in children, and prevails in the summer months, and is attended with extreme discomfort in consequence of the tingling and itching that occurs with it.

This disease is described as originating on the trunk, and coming out in the form of minute pimples not larger than the head of a pin or a millet seed.

The pimples of lichen are described by Wilson as a state of congestion and thickening of the walls of the excretory ducts of the sweat pores, to such a degree as to cause the orifices of the ducts to rise up above the surface of the skin, causing these little elevations known by the name of papules.

After a short time we find the summit of the papule covered with a little bran-like scale, a desquamation taking place. Sometimes this papule is found flattening down at the top, and extending at the base, and a number of them running together to form a patch, (as has occurred in the body of the patient before us,) and in the centre some of the characteristics of another form of disease will be found, to which the name of PSORIASIS is given, which many consider to be a chronic form of erythema, or a chronic form of lichen.

Sometimes these patches extend themselves in a horizontal direction, taking a peculiar ring-like form, giving rise to the name *lichen annulatus*, from the peculiar shape they present. This variety, also, is seen in various parts of this man's body. It is usually presented in the form of single rings, occurring, perhaps, on one portion of the body alone.

Sometimes a number present themselves, running closely together, their margins coalescing, and forming an immense surface, as is also seen on this man's body; the boundary line, where these rings come together, disappearing, and the exterior margin having a distinctly elevated form, as exists also in this case, giving rise to the form known by the name of *lichen marginatus*.

Sometimes these margins will not only present the distinctly defined line, but the boundary lines, disappearing irregularly, will give a peculiar gyrated appearance, like a serpent's track, and this variety is called *lichen serpiginosus*, and this, also, is illustrated in the case before us, so that is a case of *lichen annulatus-marginatus-serpiginosus*.

On the margin of these patches some of these papules may be seen having a furfuraceous desquamation, while in the central portion there is a chronic erythematous condition of the skin, sometimes described as before said, under the name of *psoriasis*.

Psoriasis often arises by elevations, but they are larger than those of lichen, which are small, and distinctly visible to the touch, and desquamate with furfuraceous scales, differing from the hard thick crusts of psoriasis.

Lichen may be confounded, also, with another scaly disease, to which the name of *lepra vulgaris* has been given, which often presents these rounded rings, covered with the white scales, but it differs in this, that as lepra extends it is by enlarging its boundaries, the interior portions of the ring clearing up, and the skin, resuming its normal character in the centre, by which it can be distinguished from psoriasis, or the different varieties of lichen.

Another point of interest presents itself in this disease, and that is the peculiar disposition it shows to arrange itself symmetrically.

Looking at this disease, as it presents itself in the man before you, you find each part of the body is almost a counterpart of the corresponding portion on the other side.

This is one of the peculiarities of skin diseases depending upon the presence of a poison in the blood, and is a curious illustration of that physiological doctrine, so beautifully enunciated by PAGET in his work upon surgical pathology, first put forth by Treviranus, that every part of the body stands to every other part as an excreted product. That every part of the body has a peculiar affinity for some particular constituent of the blood, which it abstracts from it in preference to any other, and to the exclusion of all the other portions of that fluid, and that no other part of the body has the same affinity for the same constituents of the blood, except it be the corresponding portion of the symmetrical half of the body.

This is the doctrine advanced by recent writers on the physiology of nutrition, and the condition of the blood most favoring that process; and the further elaboration of the doctrine asserts that when each part of the body thus abstracts certain elements from the blood for its own nutrition, it leaves the balance of

the blood in the state best fitted for the nourishment of the rest of the body, each portion of which selects from it the materials required, as it courses through the tissues. By this means Paget shows us how the right state of the blood, so essential for nutrition, is maintained.

We have an illustration of this law of nutrition in the phenomena of lead palsy and in the skin disease presenting itself in this man. There is the same affinity for morbid elements existing in the blood as exists in regard to the healthy constituents, and in this manner may be explained the peculiar symmetrical arrangement of the eruption before you.

In further elaboration of this idea, we not only find the symmetrical parts of the body disposed to abstract the same materials from the blood, but parts homologically related to each other will manifest the same peculiarity.

In eczema palmaris, the disease occurs on the palms of both hands, and there is also at the same time a disposition on the part of the same eczematous poison to manifest itself on the sole of the foot; and in the same manner, if the disease is discovered presenting itself on the back of the hand, it will in like manner present itself on the top of the feet, thus illustrating the doctrine of the affinity which exists between certain tissues of the body, or even islets of the tissues of the body, and certain matters existing in the blood, this affinity exhibiting itself by the abstraction from the blood of certain matters in the pathological as well as in the physiological state.

The disease now before us is more obstinate than that presented in the first case, more difficult to cure; yet it is not incurable. We are to treat it not as a local disorder altogether, but we are also to combat the diseased condition of the blood upon which the peculiar condition on the skin depends.

I have directed this patient, who has already gone through with a variety of treatment, to take small doses of arsenic, which acts not only as a tonic, and improves the tone of the digestive organs, but is also capable of acting as an an antidote to those morbid matters, upon whose presence in the blood this peculiar disease depends. He takes five drops of Fowler's solution three times a day, and it is directed that he shall take this preparation immediately after meals, so as to prevent its acting as an irritant; for if it is taken on an empty stomach, it may produce griping, nausea, and gastric uneasiness, and thus defeat the object for which it is administered.

He is also having applied externally a mild unguent, and he takes every night a bran bath.

Should this treatment not be sufficient, we will direct an application consisting of one part of the ointment of the nitrate of mercury, one of tar ointment, and one of sulphur ointment, well rubbed in every night with the end of the finger, so as to produce not only the stimulant effects of the material it contains, but also to produce some further stimulation by the operation of friction.

The Third Case I present you to-day illustrates another papular skin disease, differing somewhat from the last in the size of the papule, and in being attended with intense burning and itching.

This patient, an old man, is laboring under prurigo. It is characterized by larger papules than those of lichen, and by little elevations of the skin, in the form of wheals between these points of eruption.

It came out in the form of colorless elevations, attended with intense burning and itching, so great as to cause the patient to wound his skin with his nails; he tears off the heads of the papules, and then there is found occupying the summit of them a little black spot, due to the presence of a small quantity of blood.

There is, as you observe, a general disposition to thickness of the skin, which has a rough appearance, and between the points there are little wheals or elevations, readily visible.

This is another illustration of the type, as described by Willan as *papules*. The itching which accompanies it is so intense, when the patient retires to his bed and becomes warm, that his rest is destroyed, and the night is spent in fruitless endeavors to obtain relief from the intolerable torment, so that sometimes life becomes almost a burden. Sometimes they describe the itching as though insects were creeping over the surface of the skin, constituting one of the varieties of prurigo, known by the name of *formicans*, (from the Latin word *formica*, "an ant,") because the sensation is as though ants or other insects were creeping over the skin.

This is the patient's second attack; he was in the house two years ago, with the same disease.

His life is an exposing one; he is a stage driver, and has to travel continually, and is ex-

posed to great vicissitudes of temperature; obliged to take his meals irregularly, and to sleep frequently in places where his comfort is not well attended to, etc.

The disease has probably been brought about by these external exciting causes, producing derangement of the digestive organs, and resulting in the development of the morbid material in his blood.

We shall give him remedies calculated to improve the tone of the digestive organs, restore them to a normal action, and then keep the bowels in a soluble condition.

He will be purged with cream of tartar and sulphur. We will regulate his diet, giving him bread and milk for breakfast and tea, and the nutritious kinds of animal food for his dinner.

Every night he will be immersed in a warm bath, and if the itching is very intolerable, as in most instances it is, we will direct him to be sponged after coming out of the bath, with vinegar and water, either tepid or hot, as he prefers it himself.

The Fourth Case which I bring before you, will illustrate the VESICULAR form of disease of the skin, according to the classification of Willan.

This eruption came out in the form of papules or pimples, attended with some itching, and very shortly afterward filling at their tops with a fluid, constituting what is known in technical language as a vesicle, the fluid in which subsequently becomes somewhat opaque, and then, the skin breaking, and the contents forming themselves into a crust or scab, constitute the disease known by the name of *eczema*, from the Greek word εκζεω "I boil out," not so much from the papule or appearance of the vesicle, as from the burning heat which often attends the disease.

The peculiar vesicular character of this disease in the patient before us, has left it, but there are still some of the crusts upon its surface, by which its character can be recognized.

There is a peculiarity in many of these vesicular diseases—a frequent termination in hardening and thickening of the skin, in which there is a disposition to crack and form fissures, which bleed, and give rise to great uneasiness.

There is the same disposition to symmetrical arrangement in this disease, as in the case of *lichen marginatus*, before presented to you.

This case is to be treated by calomel ointment; soothing washes, in the form of mucillage of bran or slippery elm; and, internally, by the use of Donovan's Solution: because, in this patient, there is some syphilitic taint present, and the combination of mercury and arsenic with iodine will suit this complication of the disease better than if he were given the simple arsenic.

The Fifth Case is an illustration of the PUSTULAR form of skin disease, the fifth order of *Willan*.

This form presents itself in pustules slightly elevated above the surface of the skin, and ending in a rough, yellowish scale or crust, thus constituting the disease known by the name of IMPETIGO, from the Latin word "*Impetus*," a bursting forth.

It presents itself on the posterior part of this man's neck, and, looking at it closely, some of the pustules are seen still to exist. The diseased parts of the skin have been poulticed, so that some of the pustules have discharged themselves, and these, after a while, will form a thick crust, which will give the disease its characteristic appearance.

This disease ordinarily manifests itself as described, and, perhaps like all the other, may be but an extension of the simple erythema in the first instance; and this fact shows the importance of closely watching these diseases of the skin from day to day, before committing yourself as to their diagnosis, for what is erythema to-day may afterward resolve itself into lichen, or prurigo, or impetigo; and occasionally, indeed, these different varieties run into each other: lichen becoming mixed up with eczema, as was seen in the second patient brought before the class, and eczema with impetigo, receiving in such cases conjugate names.

It is not unusual, and especially in children, to find a sort of hybrid skin disease present itself, coming out first as eczema—the vesicular form—and subsequently becoming pustular, and giving rise to the conjugate name of *eczema impetigenodes*.

Impetigo is, in like manner, a blood disease, and requires to be treated in the same manner as the rest, by constitutional remedies, and local applications, keeping in view the elimination of the poison from the blood, and the restoration of the tone of the general system, while the local remedies are intended to alleviate the distressing symptoms which present themselves

either in the form of itching, burning, or other discomforts.

I have thus exhibited to you, gentlemen, examples of skin diseases, illustrating four varieties, the squamæ, papulæ, vesiculæ, and pustulæ. I had hoped to illustrate some others, but the limited time allotted to me has obliged me to be even less full on some of those which I have shown to you than their importance really demands.

At some other period of the course I hope to be able to bring before you cases illustrating some of the other varieties of this interesting class of diseases.

RESULTS OF TREATMENT OF THESE FIVE CASES OF SKIN DISEASE, AS SHOWN TO THE CLASS ON THE 16TH, THREE DAYS AFTER.

I bring before you, again, some of those cases of skin disease that you saw on our last clinical day, that you may note the results of the treatment.

PITYRIASIS CAPITIS, and also *pityriasis* of the general surface.

A fresh crop of scales has appeared on the body of this Frenchman since you last saw him, his skin being much more covered with the bran-like scales. His head is much clearer, the thick imbricated scales which were upon it are almost entirely gone, owing to our having removed these products of the skin by emollient cataplasms, which were applied to the whole surface of the head.

The general condition of the patient is better; there is not the same amount of roughness of the skin, nor is there the same inflammatory character of the eruption, or the disposition in it to ulcerate at some points.

The patient is improving under the use of the biborate of soda ointment applied over the head; he takes a warm bath daily, his diet is strictly regulated, and his bowels kept in a proper condition by means of cream of tartar and sulphur. If the disease becomes chronic, we will give him some of those alterative agents which are capable of modifying the blood, the unhealthy condition of which results from some defect in the primary assimilation of the food which introduces into the blood something of a poisonous character which expresses itself by eruptive signs on the general surface of the body.

THE CASE OF LICHEN has not changed much; his disease being more chronic in nature, the beneficial effects of the remedies will be less apparent. He has improved, however.

IN THE CASE OF PRURIGO there is a marked improvement; the papulæ have nearly disappeared and the itching has been very considerably lessened. The patient is able to sit down with some comfort, which he could not do before, as he had the eruption around the seat which prevented him from resting in a sitting posture for many minutes at a time.

His treatment consisted in emollient baths, and he had the ointment of sulphur well rubbed in, and freely too, so as to act somewhat as a stimulant to the skin. He had also internally a small quantity of Fowler's solution, five drops three times a day.

It sometimes happens that this form of prurigo attacks the seat and the parts around the anus, where the skin in consequence becomes thickened and hard, and where the suffering comes on as in this patient, with intense burning and itching to such a degree as almost to destroy the comfort of life; and, in fact, I have seen some patients laboring under this form of disease known as *prurigo podicis*, who have declared that rather than go through again with what they have been enduring, they would prefer to give up their lives.

These cases are tolerably comfortable during the day, but as soon as night comes on and they are somewhat warmed in bed, the itching begins and continues to an almost incredible and unendurable degree, and the whole night is passed in vain endeavors to secure rest, the patients being up and down continually.

The ointment which I have found most useful in these cases, consists of glysamyl, mixed with a small quantity of purified tar. To make this, take an ounce of glycerine and six drachms of powdered starch, and mix these by means of a gentle heat, until the starch is thoroughly dissolved in the glycerine, and assumes, if not a transparent, at least a translucent appearance, looking very much like the starch which is prepared by the washerwoman, then stir in half a drachm of purified tar, which is to be carefully incorporated; and this makes an ointment, which applied to the parts where this intense itching and stinging is going on, relieves it almost instantly.

I have applied it to persons somewhat advanced in life, and with great success. It is also useful in other diseases attended by itching in other portions of the body. I have

used it in the excoriations of children, and in some forms of chronic disease of the scalp.

This ointment has no grease in it, so that the objection often raised against the employment of oleaginous applications, do not apply to it.

The case of Impetigo, which was brought forward in illustration of the pustular class of skin diseases, has improved a great deal, and the eruption has declined in a great measure.

This man had given to him the same ointment just described as applicable in cases of prurigo, glysamyl of tar, which had been freely applied to the diseased surface after removing the crusts by means of poultices. Internally, he has also taken the *liquor potassæ arsenitis*, under which administration the condition of the eruption has visibly improved in all parts of the body.

Lectures on the Iris and Choroid and their Diseases.

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No. 2.

SPECIAL HISTOLOGY.

Vascular Tunic or Uvea.—The second tunic of the eyeball is an extremely vascular structure, containing a large amount of pigment, and is divided, by Kölliker,* into a larger posterior section, the *choroid*, and a smaller anterior portion, the *iris*.

The choroid coat extends forward from the place of entrance of the optic nerve as far as the iris, with which it is continuous. In the former situation it presents a circular aperture, but is connected with the neurilemma of the optic nerve, and passes transversely through the nerve in the form of a delicate cribriform layer. The choroid is a fragile membrane $\frac{1}{15}'''$ to $\frac{1}{10}'''$ thick, but at the anterior border of the sclerotic it forms a thicker part, the *corpus ciliare*. Its outer surface is pretty intimately attached to the sclerotic, not only by the larger vessels and nerves, but also by other means, so that, on exposing the choroid, a part of it, of greater or less extent, remains fixed on the sclerotic as a delicate brown tissue.

This is the so-called *lamina fusca* of authors; it from the choroid and describing it as a special but there is no sufficient reason for separating coat, although it is true that separate pigment cells, such as occur in it, do often extend in among the connective tissue of the sclerotic. The inner surface of the choroid is smooth, and is connected with the retina very firmly at the *ora serrata*, but is only loosely adherent in the rest of its extent; on the other hand, in front of the *ora serrata*, on the ciliary processes particularly, it is very intimately united with the *pars ciliaris* retinæ, and with the hyaloid membrane, (zonula Zinii,) so that it can never be completely detached from these spots."

After dividing the choroid, as we have already done, into three strata, Kölliker* states that, "with regard to the tissue forming the

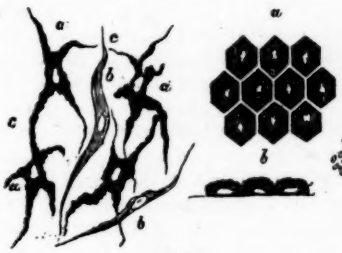


Fig. 3.

Cells from the stroma of the choroid: *a*, pigmenteted cells; *b*, pigmentless fusiform ones; *c*, anastomoses of the former. Magnified 350 times. Of man.

Fig. 4.

Cells of the black pigment of man, as seen from the surface *b*, from the side; *c*, pigment granules.

proper choroid, a great portion is made up of vessels and nerves, and of the ciliary muscle; but beyond these there is found a peculiar tissue, which he classifies with the elastic tissue. In the outer parts of the tunic, this basement tissue or *stroma* is formed by nucleated cells, of an irregular, fusiform or stellate shape, and quite pale, or containing some brown pigment. They measure 0.008''' to 0.02''' in length, and anastomose irregularly with each other by shorter and longer processes, which are mostly very delicate, (measuring 0.0005''' in breadth,) but somewhat rigid and pale. (See fig. 3.) By the large number of these anastomoses, a loose membranous tissue results, which resembles, in many respects, the fine-fibred elastic membranes. In the inner layers of the choroid, and especially in the membrana choriocapillaris, these cellular networks, which are classified with the net-

* A Manual of Human Microscopic Anatomy, by A. Kölliker, London, 1860, p. 545.

* Ibid, p 546.

work of plasmatic cells, gradually pass into a homogeneous nucleated tissue, at first with a little pigment, but afterward colorless, which is distinguished from connective tissue by its resistance to acids and alkalies. This tissue terminates close upon the black pigment, by a delicate membrane without structure or finely fibrous, which may be exhibited separately, and is 0.0006‴ thick; this is named "the elastic lamella of the choroid."

Besides the ciliary muscle, which we have already described, H. Müller has discovered a circular, muscular layer, quite anteriorly beneath the radiating fibres of the ciliary muscle; and this may be called the "circular muscle of Müller." This must produce the same result as the muscle of the iris, for one part of the ciliary muscle, according to Bowman, have the power to advance the ciliary processes, and with them the lens, toward the cornea, so we may well suppose that the circular muscle of "Müller" brings it back again, or withdraws it inward, when required. The black pigment completely lines the inner surface of the choroid membrane, as a connected purely cellular lamina, which consists, as far forward as the *ora serrata*, of a single layer of beautiful cells, almost regularly hexagonal, 0.006‴ to 0.008‴ in diameter and 0.004‴ in thickness, disposed in the manner of a mosaic. (See fig. 4.) The large quantity of pigment in them allows the cell-nucleus to appear only as a clear spot in the interior; but this nucleus is seen, on a lateral view, to be situated in the outer half of the cells, where they are poorer in pigment granules. From the ora serrata onward, the pigment cells are arranged in two or more layers, becoming roundish, smaller, and quite filled with pigment, so that even the nuclei are scarcely visible.

All the pigment cells have very delicate walls, and are very readily ruptured by pressure. Their pigment consists of extremely small flattened, oblong corpuscles, 0.0007‴ in length at the most, which even in the cells, but more distinctly when they are free, present, in a well-marked manner, the phenomenon of molecular movement. In the eyes of Albinos, and also in a part at least of the eye of animals, in the region of the *tapetum*, the pigment of the choroid is absent. The cells, however, which usually contain the pigment, are themselves present in both these cases, only they are perfectly pale.*

* Ibid, p. 548.

The *iris* differs from the choroid in containing a true connective tissue, whose delicate, loose bundles constitute the chief mass of the stroma of the membrane; their course is in part radiating, in part circular, especially at the ciliary border, where they are variously interwoven with each other. Toward the surface of the iris, these loose bundles become converted into a more homogeneous layer; and in this there occurs, 1st, a great number of cells, or plasmatic cells, frequently containing pigment, and mostly fusiform and stellate, more rarely roundish in shape—some of these anastomose in a reticular manner; 2d, a small number of pale, rigid fibres, like elastic fibres, which extend as processes of the *ligamentum, iridis pectinatum*, or of Demours' membrane, over a part of the anterior surface as far as the *annulus minor;* 3d, lastly, the smooth, muscular fibres of the iris, which are exactly of the same nature as those of the choroid."

Besides the sphincter muscle of the iris, which is ¼‴ broad, Kölliker* has discovered another very narrow ring in the region of the *annulus iridis minor* $\frac{1}{40}$‴ in breadth, and nearer to the anterior surface of the iris. Of the color of the *iris*, the same good authority states that in blue eyes, for instance, it is simply owing to the posterior pigment seen through it; while in yellowish-brown, brown, or black eyes the color is due to a special pigment, which is very irregularly distributed through the iris, and thus produces peculiar appearances seen on the anterior surface. The iris, also, differs from the choroid in possessing a layer of cells on its anterior and posterior surface. The *vessels* of the choroid and iris, as we have before stated, are extremely numerous, and, with the aid of the microscope, a better knowledge of their ultimate distribution we are now able to give, and here is a drawing from Arnold, which will assist the description.

"The *capillary* network (see fig. 5, *a*) of the innermost layer of the choroid, which lies on the inner side of the *tapetum* in animals which possess this structure, may be readily demonstrated as a special membrane. Indeed, it may be partially shown even in man in injected and fresh preparations, and it forms one of the densest and most beautiful plexuses ever met with, for the meshes between vessels of 0.004‴ themselves measure only 0.002‴ to 0.005‴, and the capillaries proceed in a stellate manner from the larger vessels."

* P. 549.

The *iris*, as has been before stated, received its supply of blood from the arteries of the choroid coat, and from the long and short ciliary arteries, and the form of distribution we have already given in forming the arterial circle, where they bend round and return into the veins by loops of delicate but not capillary vessels, and, according to Kölliker, they form a second arterial circle, which is smaller and not as perfect.

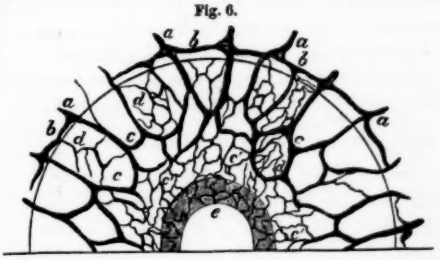
Fig. 5.

Vessels of the choroid and iris of a child, after Arnold, seen from within and magnified 10 times: *a*, capillary network of the posterior section of the choroid terminating at the ora serrata, *b*; *c*, arteries of the corona-ciliares supplying the ciliary processes, *d*, and partly proceeding to, *e*, the iris; *f*, capillary network of the inner surface of the pupilary border of the iris.

"The nerves of the tunica vasculosa are likewise very numerous, but are destined exclusively for the ciliary muscle and for the iris.

"The *nervuli ciliares* penetrate the sclerotic posteriorly, with fifteen or eighteen trunklets, extend forward in the outer lamella of the choroid, partly in furrows of the sclerotic, and divide several times in a forked manner, even before their entrance into the ciliary muscle. Here they break up into a rich and dense plexus, from which numerous filaments are distributed to the muscle and the cornea, and the remainder form the proper nerves of the iris—the latter nerves, accompanying the blood-vessels, dividing repeatedly and forming anastomoses, especially in the situation of the annulus minor, until they reach the pupillary border, where they terminate, probably by free extremities, after repeated division and the formation of loops. The elements of all these nerves are moderately fine, and fine tubules

Fig. 6.



Nerves of one-half of the iris of a white rabbit treated with caustic soda and magnified 50 times: *a*, nervuli ciliares; *b*, anastomoses of the same at the border of the iris; *c*, inner network of the same in the inner part; *d*, terminations of separate nerves; *e*, sphincter pupillæ filaments toward the interior of the iris.

(0.002‴ to 0.004‴) in the trunks; while in the iris they measure only 0.001‴ to 0.002‴ in diameter."

Physiology of Iris and Choroid.—By some good authorities the iris is considered as entirely a physical agent, acting simply as a diaphragm, or curtain of the optical apparatus, excluding all the rays of light, which would fall too obliquely upon the lens, to be conveyed to a focus upon the retina, and according to its intensity, regulating the quantity of light admitted, an office, which you now understand, it is able to accomplish by the use of the muscles of organic life arranged around its centre. (See fig. 6, *e*.) To take the view that the stimulus of the light is the sole cause of the dilatation, or its absence the contraction, has, I am sure, been repeatedly refuted by experiments in this clinic, for, in cases of diseases of the retina, we find that no contraction takes place, even when the patient is placed directly opposite the window, with the strong sun-light striking upon the dilated pupil. There is a reciprocal action between the iris and the retina. The iris protecting the retina by its contractile power, and the iris contracting under a strong light by virtue of the stimulus imparted to the retina, its message of sensation conveyed by the brain, being there instantaneously converted into one of motion, and telegraphed back through its own peculiar nerve.

Another interesting fact, which you may also notice, upon a case of diseased retina of one eye, while the opposite eye is sound. If we stimulate the sound retina, the iris of the unsound eye will often contract in company; thus,

according to Bowman, it is "evidently caused by a reflection of the stimulus from the optic nerve through the nervous centre, along the inferior branch of the third pair to the iris, and the consensal action of the two sides is effected in the nervous centre. Mechanical irritation of the ciliary nerves, or third pair, occasions contraction of the pupil on the same side."

M. Mariotte, by numerous, careful experiments, made the interesting discovery of the insensibility of the optic nerve, as it appears within the eye, and showed that it is unable to receive an impression from an image thrown upon it; the opinion, which he suggested, that it is the choroid coat, and not the retina, which actually receives the image and causes the sensation of vision. Yet, according to Dr. Nunneley,* "Marriotte's experiments, although so decisive as not to admit of any doubt, that the optic nerve itself is really insensible to light, and hence the retina, which is made up of the fibres of the optic nerve, as they are spread out into their terminal extremities is also insensible, yet the same experiment really affords an uncontrovertible argument against the opinion which it has been supposed to support. The optic nerve in being insensible to light, is only in the same position as all the other nerves of sensation are; it is only the terminal, minute, and delicate extremities of nerves that are capable of exercising their functions, and not the large trunks themselves. The arguments to be drawn from the anatomy and physiology of the eye are so strong, and the facts observed in diseases of the eye are so numerous, that no anatomist or surgeon, for a moment, doubts that the retina is the sensitive surface which receives the image, the impression of which is conveyed along the optic nerve to the brain, and that the choroid coat has nothing immediately to do with the sensation."

If the choroid is not intimately connected with the sensation of vision, why is it when the pigment-epithelium of the choroid is removed, vision becomes imperfect? This is the case, also, in colloid disease of the choroid, which is situated, according to Donders, in the hexagonal-pigment-cell; and he regards them as transformations of the nuclei of these cells, while it is now well known that inflammation of the choroid ultimately terminates, unless cured, in glaucoma.

We are, therefore, convinced, from our knowledge of the diseases of the eye, that the choroid is absolutely necessary to correct vision, and I am supported in this opinion by Dr. Reid and Sir D. Brewster; also, by more than one distinguished physiologist of this country. Dr. Draper observes that "the arguments against the retina, both optical and anatomical, are perfectly unanswerable. During life it is a transparent medium, as incapable of receiving an image as a sheet of clear glass, or the atmospheric air itself; its sensory surface is its exterior one, that is, the one nearest to the choroid coat. But the black pigment, from its perfect opacity, not only completely absorbs the rays of light, turning them, if such a phrase may be used, into heat, no matter how faint they may be, but also discharges the well-known duty of darkening the interior of the eye, and, therefore, preventing indistinctness through the straying of the rays of light.

Perfection of vision requires that the images should form a mathematical superficies, and not in the midst of a transparent medium. The black pigment satisfies that condition, the retina does not."

If no other argument was adduced for departing from the opinion usually expressed, which attributes this function (of vision) to the retina, the thickness of that structure would be sufficient; images can only form with precision or sharpness upon an abrupt surface.*

Dr. Dalton considers that the use of the choroid coat is to absorb the light, which has once passed through the retina, and prevents its being reflected in such a way as to confuse and dazzle the sight. He considers the retina proper in its expansion as the essential nervous apparatus of the eye. "It is endowed with the special sensibility which renders it capable of receiving luminous impressions, and so far as we have been able to ascertain, it is incapable of receiving any other."†

The Cause of the Blackness of the Pupil.—Until a very recent date it was commonly taught that the blackness of the human pupil depended on the complete absorption by the choroid of the incident rays of light, for which purpose its dark pigment seemed to be a peculiar provision. But this explanation is now known to be incorrect, the apparent blackness of the pupil is a necessary result of the optical construction of

* On the Organs of Vision; their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E. London, 1858. P. 321.

* Human Physiology, p. 392.

† A Treatise on Human Physiology. Second edition, 1861.

the eyeball; for when the eye is fixed upon any luminous point, the rays emanating from it, and traversing the pupil, are collected by the lens, and other transparent media, to a focus on the retina, where a corresponding image is formed; after which most of the incident rays are thrown back along the same paths by which they entered, and return to the point whence they first started. But since some dispersion takes place, a few of the returning rays will reach the eye of an observer, whenever he occupies a position near the direct line that connects the source of light and the eye examined, in which case its pupil will appear to emit a reddish glow, and this is more vivid when the eye is not properly accommodated, because the dispersion is then greater. Now, under ordinary circumstances, the observer does not occupy such a position with reference to the source of illumination and the eye observed, and, therefore, the returning rays do not meet him, and the pupil consequently appears to him black."*

The size of the pupil varies in a state of health from the one-fifteenth to the one-fourth: and under the influence of opium the pupil almost disappears, while under that of atropine, or hydrocyanic acid, the iris almost disappears, so immensely is the pupil dilated.

And here I must give you a caution, that when you find a very active iris easily dilated, do not use atropine if it can be avoided, in performing ophthalmoscopic examinations. For, in a recent case, a young sewing woman came to see me in great distress, owing to a powerful dilatation of the pupil having been produced, and contraction was not restored for several days. She applied with defective vision, and the surgeon desiring to use the ophthalmoscope, dilated a pupil, which there was no necessity for dilating, as an examination could have been easily effected without it; the result was much alarm, an unwillingness to return, although informed that no bad result would follow its use. The treatment was an opium plaster, with diluted vinum opii. dropped into the eye, which soon removed all the unpleasant symptoms.

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M. Swartz, in the *Repertoire de Chimie*, states that nitric acid stains are removed by the sulphide of ammonium and a little caustic potash. This removes the epidermis which has been stained.

* London Review, 1860.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 39.

Pharyngeal Region—(*Continued.*)

Pharyngeal Aponeurosis.—This is a fibrous structure of great importance in the pharynx. Its strength is greatest posteriorly and superiorly. Above, it is attached to the cuneiform process of the occipital bone, lower, and laterally to the orifice of the Eustachian tubes, the extremities of the petrous portions of the temporal bones, as far out as the entrance of the carotid canal. Lower still, it takes hold of the pterygoid fossæ and the posterior extremity of the alveolar process of the inferior maxillary bone. Over it the three constrictor muscles are stretched, and to it, also, extensively connected. These muscles are further supported by a strong sheath externally.

Mucous Membrane.—The inner surface of the pharynx is covered by a mucous membrane, continuous with that of the mouth, nasal fossæ, Eustachian tubes, larynx, and æsophagus. Its color is not so florid as in the cavity of the mouth, nor is it usually so moist. It is attached to the subjacent parts with a moderate degree of firmness, by connective tissue.

Pharyngeal Glands.—The pharynx is well supplied with glands. They are lodged in the submucous connective tissue, some of which are racemose or branched, and others follicular in structure. The first exist in the greatest abundance at the superior and posterior portion of the pharynx.

The follicular exist, both separate and in groups, so as to form simple and compound organs. The latter, really, are miniature tonsils. They are seen over all parts of the pharynx, especially upon the roof of the organ, where the mucous membrane is connected to the cuneiform process of the occipital bone. The most remarkable association of these bodies is situated between the two Eustachian orifices, forming a continuous mass.

Epithelium.—The cellular layer of the pharynx is composed of tesselated epithelia below,

Fig. 34.

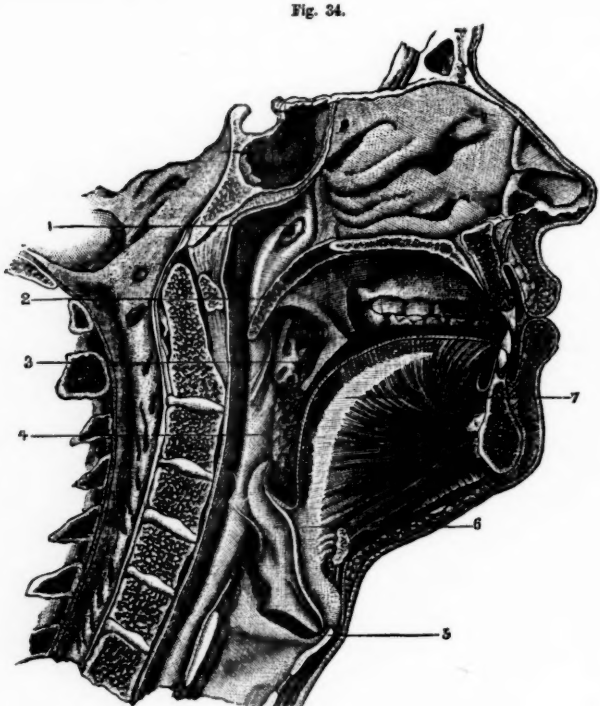

Fig. 34. Exhibits a vertical section through the base of the skull, nasal cavities, hard palate, soft palate, mouth, pharynx, part of the œsophagus, the larynx, and spinal column. The figures point out the following as the most important objects: 1. Orifice of Eustachian tube. 2. Soft palate and uvula divided. 3. Tonsil, with a palatine arch in front and behind. 4. Middle of pharynx, in front of which is the root of the tongue. 5. Ventricle of the larynx. 6. One-half of the epiglottis cartilage, at root of tongue, connected to it by the frænum. 7. The tongue.

and above and over that portion above the level of the floor of the posterior nares, a cilliated variety exists.

Interposed between the posterior wall of the pharynx and the cervical vertebræ, are the recti anterioris capitis muscles, to which the organ is loosely attached by cellular tissue, allowing it to move readily up and down in the act of deglutition. The muscles, which lift the pharynx as a mass, (its extrinsic apparatus) are the stylo and palato-pharyngei muscles.

The internal carotid arteries, internal jugular veins, pneumogastric and hypoglossal nerves are placed along its sides, and its whole thickness, including all the layers, does not much exceed two lines.

Blood-Vessels.—It receives branches from the vidian of the internal maxillary, from the ascending palatine of the facial, but its principal trunk is the *ascending pharyngeal* from the external carotid.

Nerves.—The pharynx is abundantly supplied with nerves from the pneumogastric, glosso-pharyngeal, and sympathetic. The branches, from the several sources, form a fine plexus over the middle constrictor muscle. The trunks furnishing these are compound in function, and, it should be remembered, maintain communications with the larynx, trachea, heart, lungs, æsophagus, stomach, etc., through the pneumogastric, with all the superficial and deep parts of the face through the facial, and trifacial, with the sterno-cleido and trapezius muscles, through the spinal accessory, and with the muscles of the tongue, through the hypoglossal nerves.

Practical Remarks.—From the anatomical characteristics pointed out, the pharynx, on inspec-

tion, should, to be healthy, present a very delicate shade, of a red color, not so high as that of the mouth; a slightly moist surface, without any marked prominences, and should move freely in swallowing.

Attached by the constrictor muscles and aponeurosis to the base of the cuneiform process of the occipital bone, the vault of the organ is, therefore, immediately beneath the base of the skull, and is only separated from the medulla oblongata and pons Varolii by that process. There seems to be a popular knowledge of this fact, as it is no uncommon occurrence for suicides to destroy life by the introduction and discharge of a pistol into the mouth. A reference to the figure will make it quite apparent that both the upper and lower part of the organ are excluded from view, the first by the soft palate, and the last by the root of the tongue and epiglottis.

From the vault of the pharynx, polypoid tumors occasionally sprout, the characters of this portion being not unlike the nasal mucous membrane. Where their base is very broad, and require a radical removal, it has been recommended to expose the parts by splitting the soft palate, then incising the mucous membrane over the hard palate almost to the anterior part of the latter, where it should meet another incision, carried from side to side, thus ⊥. The mucous membrane and submucous tissue may then be separated from the palatine plates of the superior maxillary and palate bones, which, if required, can be broken away to the necessary extent. This will certainly offer a good view of the parts in question, and after the removal is effected, the flaps of the mucus membrane may be replaced and united by sutures, thus closing up the communication between the mouth and nose.

A glance at figure 34 will make it very clear, as already alluded to, that the nasal and oral cavities pass into the pharynx as inclined planes, the former along the posterior surface of the soft palate and uvula, and the latter over the sloping surface of the tongue, at the root of which stands up the epiglottis cartilage. Secretions, by this arrangement of parts, are prevented from falling into the larynx, whether proceeding from the nasal cavities or mouth.

Inflammation of the pharynx is not a very common occurrence, except as depending on causes sufficiently general and deep to produce a diathesis, such as scrofula, syphilis, or tuberculosis. In these the follicular apparatus is involved, giving the surface an irregular granular appearance, and either coating it with a tenacious mucous secretion, or imparting a dry, red, glazed aspect. What is often termed the "clergyman's sore throat," is a chronic pharyngitis. It is alleged that the disease is most common with those who are in the habit of confining themselves to manuscript sermons in the pulpit, the flexed condition of the neck relaxing the tissues of the organ, and thus favoring congestion at a period when the determination of blood to the parts is marked. Whether the observation is well founded I am at a loss to decide. In collecting in my mind the cases which have come within my own knowledge, while they have not all occurred in ministers who read, certainly a very large proportion have, yet I am disposed to attribute the affection to causes less mechanical than this view assumes to be the case.

The use of tobacco is also recognized as among the common causes of pharyngeal disease; and with many persons there is no question its influence is bad. Those who after the use of this article find a tenacious secretion accumulating in the fauces and pharynx, requiring frequent efforts to dislodge, should abandon the habit, otherwise structural disease may follow.

When, however, the general use of tobacco is taken into account, its influence in this direction is not very marked. From whatever cause the follicles of the pharynx become enlarged, the pathological nature of the change is due either to plastic exudation into the connective element of the glands, or to accumulation of altered secretions, forming plugs of considerable consistence, and from their decomposition originate the unpleasant odors, which emanate from the mouth of persons thus affected.

There is a dry and red condition of the pharynx present in all cases of cleft palate, which is, probably, due to the direct contact of air through the mouth upon its walls. A person who is compelled to breathe through the mouth for any considerable time will soon suffer from a dry throat, even though the soft palate be perfect, and which, by contact with it, reflects and warms the atmospheric column which enters by this route. The reason why the air through the nose does not exert a similar effect, must be in consequence of the many projecting surfaces within the sinuosities of the nasal fossæ, elevating its temperature by the time it reaches the posterior nares.

Abscess.—The situation of a pharyngeal abscess may be in the sub-mucous tissue, in the sub-muscular tissue, (that is, between the constrictors and the muscles in front of the cervical vertebræ,) or in the bodies of the vertebræ. When the resisting nature of the spine and the proximity of the larynx are considered, the reasons for an early evacuation of their contents will be apparent, otherwise the patient may suffocate from inflammatory swelling. In a large abscess of this kind care will have to be exercised that the pus does not flow into the larynx,hence the recommendation to open such with a trocar and canula. The pharyngeal aponeurosis prevents, in all inflammatory diseases ending in suppuration, the passage of pus into the neck, directing it into the fauces or pharynx.

In rare cases the mobility of the pharynx is in a great measure lost. This results from two causes—either paralysis more or less complete of the stylo-pharyngei muscles, or as a consequence of inflammation uniting the constrictors to the sheath of the recti-anteriores colli muscles.

There are likewise two very distressing affections of the pharynx in persons laboring under inordinate nervous disturbance, especially females. The first is a constant and uncontrollable disposition to swallow, and is due to the influence communicated to the stylo-pharyngic muscles, through the glosso-pharyngeal nerves, something similar to chorea. The other affection is an inability on the part of the constrictors to embrace and direct the food with certainty into the pharynx. Persons in this condition are constantly annoyed in eating, by crumbs or liquids falling into the orifice of the larynx, or being detained in their passage; in either case producing great agitation and alarm, under an apprehension of suffocation. The explanation must be sought for in the nerves of the pharyngeal plexus, though an irritation in very remote organs, such as the uterus, may develop the condition of this plexus on which the morbid phenomena depend.

The relation of the larynx to the pharynx will explain the distress occasioned by any substance being impacted in or retarded in its passage through the pharynx into the œsophagus. At the inferior extremity of the former, where it passes into the latter, the tube is quite narrow, and it is at this point that a body disproportionate in its dimensions to the tube, through which it is passing, becomes arrested.

A glance at the figure will explain why air is prevented entering the larynx, when the tongue falls back toward the throat, as may occur during profound anæsthesia, or in asphyxia, or in surgical operations, in which there have been extensive detachments of the anterior connections of the organ. The epiglottis, it will be perceived, is connected to the tongue by the glosso-epiglotidean folds, and which, when the organ recedes, lets it down over the orifice of the larynx as a lid. This circumstance should afford a useful hint by way of anticipating such probable accidents, and promptly drawing forward the organ when they do take place. In cases of asphyxia, as from drowning or other causes, in which the *ready method* is not entirely relied upon, and the operator is desirous to introduce air into the lungs, the finger should either press the tongue forward, by acting against the posterior part of its dorsum, or by carrying it sufficiently far back to press the epiglottis upon its dorsum, and thus have full command of the entrance to the larynx.

The little folds which rise from the tongue to the epiglottis, form between them pockets, in which pointed foreign bodies may become arrested, and which excite, not only a harassing cough, but sometimes give rise to the sensations which attend substances in the air-passages. As these "pockets" are fairly within the reach of the finger, this, the best of all instruments, should be employed to explore the recesses in question.

There are several circumstances which demand the passage of instruments through the pharynx, such as the extraction of impacted bodies, or for the purpose of forcing them into the stomach; the dilatation of strictures; the introduction of nutritious matters; the removal of poisonous substances from the stomach, and for making applications to the larynx. In regard to all, there is one rule of importance to be observed, and that is to extend the head as much as possible. Such a position will bring both the posterior nares and the fauces over the pharyngeal cavity. If the tube, probang, or whatever instrument is intended to be carried into the œsophagus, passes through the mouth, the operator must steer clear of the uvula, or arches, until he reaches the posterior wall of the pharynx, when the elevation of the handle will serve to give it the proper direction, requiring nothing but to press the instrument onward. If the object is to gain admission into the larynx, the key to the whole process is to se-

cure the control of the epiglottis, and which is best accomplished by conducting the instrument in the same manner as when reaching the œsophagus is contemplated, not following or touching the dorsum of the tongue. As soon as the posterior wall of the pharynx is almost touched, the handle should be elevated, and the probang dropped against the posterior surface of the epiglottis, thus pinning the sentinel forward against the root of the tongue, when, if the instrument be carried forward, it will enter the larynx.

Between the epiglottis and tongue, the mucous membrane is slightly attached by loose connective tissue. Inflammatory swelling here often produces symptoms not unlike œdema of the glottis. When very great, and the necessity of the case demands it, incisions may be made without any very great difficulty in this situation, as the finger will serve to direct the knife to the spot.

Treatment of Ulceration of the Os Uteri.

By O. C. Alexander, M. D.,
Of Albany, N. Y.

There is no malady incident to the life of a female, attended by such a concatenation of ills, as that of ulceration of the os uteri. To detail them would be useless, as it is presumed that all medical practitioners are well acquainted with the disease and all its accompanying symptoms. My object is merely to give a brief sketch of the mode of treatment I have found the most successful.

It is true that this disease has been treated with as many different modes as there are remedies in the materia medica applicable to the complaint, but neither of them have had anything like uniform success. The following treatment I have found to be *universally* accompanied with success to all grades of the disease, from the most simple form to that of the most aggravated symptoms. I usually commence the treatment by exposing the ulcers to sight by the aid of the speculum; next wash them with lukewarm water, applied with a soft sponge attached to a firm piece of wood or whalebone, in form of a probang. After the parts have been thoroughly cleansed, I apply dry calomel to the ulcers in the following manner: First, I procure an article of the finest carded cotton, freeing it from flaws or specks, which, if allowed to remain, might prove a source of irritation. Secondly, take a piece of the cotton and form it into a ball, having a diameter of from 2 to 2½ inches. Thirdly, dip the ball into the dry calomel until quite a quantity of the medicine adheres to the cotton, then apply the same to the sores; always be sure to keep the surface of the ball containing the calomel in such a position, while you are introducing it through the speculum, as to allow it to come in immediate contact with the ulcers. There will be some difficulty in introducing the cotton, owing to its size; but by the aid of the reverse end of the stick containing the sponge it can be safely introduced, using the precaution that too much force is not resorted to, which might result in injury. The cotton is allowed to remain in the vagina some three days, when it is to be removed, the parts cleansed, and the medicine again applied as before. When there exists much pain and irritation, and no counteracting idiosyncrasy, I usually combine one of the salts of morphia with the calomel; in no instance have I detected the specific or constitutional effects of the medicine by its free use. In a few instances I have resorted to the old mode of cauterizing, preceding the application of the calomel, but better success was had in abandoning the use of the caustic entirely. During the presence of the catamenia, the treatment must be omitted. Tonics and alteratives are to be used when indicated, the same as under the older methods of treatment.

I am sorry that I have kept no detailed account of the numerous cases treated in the afore-mentioned way, but the experience of some six years have proved to me its efficacy, and never will the method be abandoned by me as long as it is followed with such almost immediate success. In no instance has the treatment been protracted over two weeks. The last case I had under treatment, declared to me that she had been under the care of an eminent physician for some two months, and that she was worse than previous to his attendance. In less than two weeks from the time she was put upon the treatment recommended above, the ulcers disappeared, and she was pronounced cured.

Some, no doubt, will discredit the efficacy of the treatment, where there is deep-seated ulceration. The case I treated, previous to the one just mentioned, had a deep-seated ulceration of the os uteri, accompanied with occasional hemorrhage, which led the patient to believe that her difficulty was merely irregularity of the menstrual functions; but the deep-seated pains she complained of in the regions of the uterus,

extending to the left side, to the lumbar region, down the thighs, and the character of the discharge, led me to suspect ulceration. After examining the case with the speculum, I discovered extensive ulceration of the os, with ragged edges, bleeding profusely. The above-mentioned treatment was had recourse to, which resulted in complete success, as in all others.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 30th.*)

THREE CASES OF FRACTURE OF THE PATELLA.

It matters not how this accident is produced, whether by a direct blow or from muscular action, it is a direct application of force, all the same.

In the first case, the man fell and struck his knee. The bone is broken, but the ligamentous tissue which lies on the front surface of the patella itself is not ruptured, nor are the portions of the two vasti muscles which run down by the side of the patella separated, and therefore there is not likely to be any great diastasis between the fragments. There was not an eighth of an inch space between the fragments, but the consequence of the injury was synovitis, a slight inflammation of the serous lining membrane of the joint, which relieved itself; it was hardly an inflammation, but rather a secretory irritation—illustrating the doctrine of the modern French pathologists—giving rise to a copious effusion in the joint, making it appear swollen and tense, and somewhat tender.

Instead of treating the injury with bandages and straps, after the manner of Cooper, the limb was placed in an easy position, and leeches were applied around the joint; and a strong solution of extract of lead and laudanum was applied over the joint. The patient's general health was taken care of. After the subsidence of the swelling, the edges of the fragments were approximated by means of adhesive plasters, long strips being placed around the joint in the form of the figure 8, which method answers perfectly well.

Sometimes, where there is much separation of fragments, after running the adhesive strips around the joint in this manner, we pass strips around the leg, having the strip made conical, thus forming an investment which embraces the leg tightly, and then the fragments are brought in close apposition by side strips.

When the bone is broken in consequence of muscular effort, as by a sudden spring in case of alarm, etc., so much force is used with the extensors of the thigh as to break the patella.

An instance of this occurred at the period of the riots in our city. A man was passing an alley when a pistol was fired, and he sprung from the ground suddenly, and fell, and on being raised, the patella was discovered to be fractured, as was thought at the time, by the bullet.

THE SECOND CASE.

A man slipped upon the ice, and in endeavoring to save himself from a fall, the muscular effort fractured the patella.

Some persons will say that they cannot understand how a man could fall on his back and break his knee; but the process can be explained. A man slips, and to prevent his coming down on his buttocks, the great extensor muscles of the thigh contract with extreme force to prevent the body from falling backward, in doing which the force may be so great as to break the patella.

In this case, there was a separation of an inch between the fragments. This distance was so lessened in the treatment that it became questionable whether there was not a bony union between the fragments, though such a result is not likely to take place in consequence of the cartilage on the inner side, and that being bathed on its inner surface with a synovial fluid.

In treating this case, the limb was raised and the body flexed, the limb being extended and the foot elevated.

This elevation of the foot must not be carried very far.

Some surgeons have the limb held in a horizontal position, in which the flexors and extensors on the two sides are at rest.

A THIRD CASE OF FRACTURE OF THE PATELLA

Had been brought into the house but thirty-six hours previously. This man received his injury from falling on a curb-stone. It had not yet been possible to ascertain whether there was much separation of the fragments or not, so great was the tumefaction of the part and the contusion of the surface, and at first, indeed, there were fears that the injury would be followed by sloughing of the integuments. The general constitution of the patient was not good, his tongue was somewhat furred; but his condition improved under the administration of the house, mixture of camphor water, f℥iij;

spirits of Mindereris, f℥iij; tartar emetic, gr. j; acetate of morphia, gr. ss; sugar, ℥j. This makes the patients perspire, makes them sleep, while at the same time it acts slightly on the urinary organs. This is the usual combination given in divided doses when patients are depressed or have lost blood, but not where the arterial action is pretty strong.

Leeches were applied about the knee, and a strong lotion of the extract of lead and laudanum.

The impression of cold made by the evaporation of a fluid over a surface is more healthy and agreeable than the direct application of ice which is sometimes resorted to. An ounce of alcohol to a half pint of water and a half drachm of the muriate of ammonia, applied over the surface by means of cloths, will be found an exceedingly good application.

The parts were not strapped, nor was any attempt made to approximate the fragments. It was not believed that there was any considerable separation of the fragments from the nature of the injury and the general appearance of the joint. Any attempt to bring the parts together at this stage would tilt up the fragments and make them form a peak, and if there should follow from the injury a destruction of the integuments so as to open the knee-joint, it would necessitate either resection of the joint, or an amputation of the thigh.

The parts are kept elevated and with apparent benefit.

In this case, there is some risk of the formation of false anchylosis of the knee-joint.

When there is a transverse fracture, the separation brings the upper end away from its position, while the lower end is fixed from the anatomical arrangement of the parts.

No motion should be made in the knee-joint for some seven weeks, and then the extensor muscles should be placed in a relaxed position, and the upper fragment held down, and then the leg be gradually and gently flexed and extended.

The same caution applies to the olecranon, which has also a cartilaginous face on one surface, and periosteum only on one side.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

CASE OF POTT'S DISEASE IN AN INFANT.

The bodies of the tenth and eleventh dorsal vertebræ are entirely destroyed. The child suffers, and there is a deformity which is increasing.

The treatment consisted in establishing a couple of issues with Vienna paste, the application of which to young children is preferable to the use of the actual cautery. One issue was made just above the projecting portion of the spine, and the other below it.

This is a scrofulous disease. It has its origin in the alimentary canal, and is attended with defective nutrition. It will be advisable to begin the treatment by giving a gentle purge. Good food must then be given, and, when the spine has become involved, the part must be kept perfectly at rest.

This disease is only to get well by a new deposition of bone on the bodies of the vertebræ, forming a sort of splint, and this process consumes a long time.

If this child had been kept on a matress and had the issues applied earlier, and been kept still a long time, the present prominence of the part would have been avoided.

In applying the Vienna paste, at the end of ten or fifteen minutes the further action of the caustic should be neutralized by sponging with vinegar.

The part should then be covered with a plaster until the slough comes away, which will leave a hole big enough to hold a couple of peas, or some other foreign body, which should be inserted so as to keep up a continual discharge of matter, and divert, in this manner, the diseased action from the bodies of the vertebræ to the skin on the back.

The child should be kept in the horizontal position, be occasionally purged, and have good diet and take, as a tonic, an appropriate quantity of the aromatic solution of the sulphate of quinia.

HYDROCELE, CAUSED BY A STRAIN.

Hydrocele is sometimes produced by a strain, in consequence of the communication which the cord has with the internal oblique muscle of the abdomen. No man ever makes a straining effort to lift a weight without making the diaphragm and abdominal muscles contract, at the same time shutting tight the rima glottidis and holding the air in the lungs. The muscles, in their straining effort, pull on the spermatic cord, sometimes on the ligament of the testicle, and sometimes on the vas deferens itself.

Five weeks ago, in a violent straining effort, the patient injured the parts, and the scrotum became filled with blood, which worked its way along the course of the cord. The treatment consisted in the application of a simple absorbent lotion.

The scrotum is filled with a fluid. The tumor is not at all transparent, owing either to the non-transparency or thickening of the tunica vaginalis reflecta or to the opacity of the fluid.

When a hydrocele is bruised, the natural straw-color of the fluid becomes converted into a chocolate hue from the blood which becomes

mixed with it; and there is, too, sometimes a secretion from the membrane, in consequence of a high degree of irritation, for there are hemorrhagic secretions into serous cavities as well as serous secretions.

The testicle appears to be enlarged, and there is a tumor above it, so that there may be a hydrocele of the cord as well as a hydrocele of the tunica vaginalis testis.

These cases are often met with, and when the fluid is drawn off from the lower tumor the upper tumor will remain.

In these cases the serous pouch of the peritoneum, which comes out in advance of the testicle itself, has not become obliterated in its whole length, but has left here and there a little membranous sac which has become filled with serum.

The treatment for hydrocele consists in drawing off the fluid. When the scrotum is merely to be tapped, the most preferable instrument is the straight, sharp-pointed bistoury.

The patient being tapped with the bistoury, a dark-colored fluid was drawn off, its color being due to the blood effused in consequence of the bruise, and which had mixed with the serum. When pure blood in large quantity runs into a hydrocele cyst, it will often effect a radical cure.

It was not considered safe to inject this man's scrotum. The effused blood was not working a cure, and it was therefore preferred to draw off all the fluid contents, in order to let the condition of the membrane change and a new accumulation form of serum of the natural straw-color, when this will be drawn off and an injection be made into the sac, of a mixture of the common tincture of iodine in water, which decomposes the iodine—some of which is thrown down into flocculi, which remain in the scrotum for a time and produce, in this manner, a more certain and beneficial effect.

Chelius recommends to leave a drachm of the tincture of iodine with an ounce of water in the scrotum; but Dr. P. does not like it as well as to make the mixture sufficiently bulky to fill the bag to the same dimension as before the hydrocele was tapped, so as to act upon every portion of the mucous membrane, which is distended so as to contain the injection.

After the operation, the body of the testicle was not found much diseased, but the epididymis was as hard as a stone, especially the globus major.

The parts were then pressed while withdrawing the bistoury so as to prevent the entrance of air, and the orifice was covered with isinglass plaster.

The patient was directed to wear a bag truss and keep himself quiet for a few days.

Regarding the danger of the operation, Dr. Pancoast remarked, that in old men it was sometimes followed by inflammatory œdema of the scrotum. He had never seen serous accumulation follow the injection of tincture of iodine, but he has known death from the simple operation of tapping with the trochar.

HYDROCELE OF THE CORD.

In this patient the tumor is smaller than in the last, and exists entirely on the top of the testicle.

It is easy to account for these tumors; cysts secrete fluid and absorb fluid; sometimes the secretion predominates over the absorption, and the fluid accumulating, the sac becomes more distended at one time than at another.

This case was tapped with the knife like the other. The walls of the cyst were irritated by the point of the knife, after the fluid was withdrawn, to set up an inflammatory action which should agglutinate their surfaces.

FISTULA IN THE PERINEUM.

This is an adult male. He has no tuberculous disease of the lungs.

There are other chronic diseases than those of a pulmonary character with which fistula has some connection, often depending on some disease of the heart, a class of functional diseases which have not occupied the attention of writers on the practice of medicine to the extent that their importance entitles them.

This man has had a chronic ischio-rectal abscess, an abscess by the side of the rectum, and not a fistula in ano.

There is often an acute ischio-rectal abscess beginning with fever and pain, and difficulty in defecation, and a hard lump is found in the midst of the mass. The moment this is felt, a sharp-pointed bistoury should be run in to divide it.

There is a little discharge of matter and the patient gets well.

If not opened, the abscess will make its way to the nearest outlet, and it will often ulcerate into the bowel, when it will form an internal anal fistula. Sometimes it will ulcerate outward also, and there will be a complete anal fistula.

The present fistula lies comparatively superficially and extends a long distance up, the probe passing to the tuberosity of the ischium. It has not established a communication with the bowel, though the speculum reveals evidences that if not interfered with surgically, such a communication will be ultimately established.

The skin and subcutaneous cellular tissue which is left can never recover its natural tone.

The plan of treatment is to pass a grooved director underneath the skin and take off the overhanging edges which involves a consider-

able portion of tissue, but as the cicatrization takes place, it will draw the sides together, and it may be necessary at a subsequent period to take away another portion.

The patient's general health is to be supported in every possible way. He is to be kept quiet for a time.

The buttocks were elevated, and grasping the parts with the forceps a triangular portion of the tissue was taken out on one side; the opening was filled with dry lint until the hemorrhage ceased, and the part was then covered with lint containing some stimulating ointment.

The bowels are to be kept constipated for a day or two, and if there should be any communication extending into the cavity of the bowel, it should be divided either with the bistoury or by the ligature.

Service of Dr. Gross.

March 3, 1861.

CUTANEOUS ERUPTION ON THE VULVA.

This is in a little girl, Martha D., nine years old, who has a cutaneous eruption on the vulva.

An examination of the parts showed them to be greatly inflamed, very tumid, itching a good deal, and tender to the touch, and the child suffers a great deal as she walks, the condition of the parts impeding her progression.

The eruption is not of a definite character, and not very extensive.

The appearance of general health is good.

She has been under the care of a regular physician, who attended her at the clinic. The inflammation has persisted for three months, and is quite obstinate; there is a profuse discharge, thick in consistence, and of a yellow color. Some three months ago this discharge was occasionally mixed with blood. The child's appetite is poor; she sleeps uneasily, and has great pain in the part at night, which keeps her awake.

There is evidently present an inflammation of some kind, but its precise character cannot be told, as the history of the case is somewhat obscure.

The question comes up, as to what is to be done for its relief.

Rest will be an essential element in the treatment. The child should not be permitted to get up out of bed, but should be kept perfectly recumbent, and be purged every other morning with about 3 grs. of blue mass, and about 5 grs. of jalap, made into two pills, and taken so as to act on the bowels several times. The diet must be regulated; she should be given no meat or coffee, or anything of the like nature, but should be fed on milk, stale-bread, &c., and be kept at rest.

The parts should be well syringed three or four times in the twenty-four hours, first with tepid water, containing a little castile soap, and immediately afterward well washed with simple water, and let there be interposed between the labia, and introduce as far as possible into the vagina, a plug of patent lint, which should be constantly kept wet with a solution of the acetate of lead, in the proportion of one drachm to the half pint of water.

Separation of the affected surfaces will do an immense deal toward effecting a rapid cure; for, when the parts are kept together, the opposing surfaces are constantly hot, and wet with the discharge, which can only tend to foment the inflammation, and keep up the difficulty.

When there is a reduction of the morbid action, if need be, she may be put on the administration of some specific, as the iodide of potassium, with some preparation of mercury.

No syphilitic taint is suspected by the physician in attendance.

REMOVAL OF A SMALL CALCULUS FROM THE URETHRA.

The patient was a boy, Chas. McC———l, æt. 5 years, who was brought to the clinic by his mother, under the impression that he had passed some foreign substance into his urethra the night previous, which had diminished the stream of urine, and been the cause of a great deal of pain and suffering, making the boy walk lame.

The impression of the mother was deemed to be correct, as children often evince a great propensity to insert extraneous materials into all the mucous outlets of the body, and the attempt was therefore made to extract the foreign body and thus relieve the distress.

Chloroform was administered, producing anæsthesia, and a probe was introduced into the already inflamed parts, and when it got a little beyond the external orifice, it was distinctly felt to strike some substance upon which the instrument grated.

The forceps was then introduced, and what was believed to be a little rough pebble, was removed, which, on closer examination, was found to be a little calculus of oxalate of lime, which had come down from the kidneys, and, during the act of micturition, become lodged at this point, thus giving rise to all the suffering which had cast unjust suspicions on the little patient.

REMOVAL OF A TUMOR FROM THE PAROTID REGION: TWO CASES.

Jos. V———e, aged 8 years, looked healthy, but had a tumor over the parotid region, between the ear and the angle of the jaw, filling up the hollow which ordinarily exists between the ramus of the jaw and the sterno-cleido-mastoid muscle.

There was no discoloration of the integuments, and the skin was quite loose over the tumor, and there was no enlargement of the subcutaneous veins.

The tumor had been noticed since the boy had been a babe, though it was post-natal.

He complained, at times, of pain in the jaw, but the tumor did not appear to impede its motion.

The tumor felt hard to the touch, and was apparently movable, though it gave the impression as if there were some attachments to the tissues behind it.

Pressure upon it was painful, and gave to the fingers the sense of fluctuation, leading to the idea that the tumor was probably contained in a cyst, though it presented many of the characteristics of a solid tumor.

Various tumors occur in this position, benign and malignant; and sometimes they press so much on the parotid gland as to produce absorption and atrophy.

The tumor had grown considerably of late, though for a long period previous it had been rather latent; and, if it had not been removed, might in time have acquired such a bulk as seriously to incommode the functions of the parts, beside becoming a source of deformity. Its history shows it to be a benign tumor.

Chloroform being administered to the patient, the tumor was explored with a cataract-needle, and, on moving the point of the instrument in several directions within the tumor, evidence was afforded that it was not solid; and upon removing the needle some fluid escaped, showing it to be of a serous nature.

The safest and most expeditious plan for removing these tumors, when practicable, is by enucleation; but they may also be dissected out, or the contents may be evacuated, and then the tincture of iodine be injected into the cyst.

The tumor was removed in mass. The parts were remarkably tough; and when the cyst was opened, it grated under the scissors, and was found to be in a state almost amounting to that of cartilaginous degeneration.

It was very thick in some parts, and was very firmly attached to the surrounding surfaces, so that its removal was a little tedious, necessitating the ligature of a number of small vessels.

After waiting a few minutes for the oozing to cease, the parts were approximated by suture.

A somewhat similar tumor was removed from the parotid region of a man, 43 years old; the temporal artery being divided in the operation. This tumor consisted of a chain of lymphatic ganglions, in a state of degeneration.

NÆVUS OCCUPYING THE LIP AND INSIDE OF THE CHEEK.

A little child, eight months old, was exhibited to the class, having a vascular tumor or congenital nævus, of a purplish color, occupying the lip and inside of the cheek—a soft erectile tumor, expanding when the child cried; composed essentially of blood-vessels, and extending some distance back; being prominent on the right side of the lip, and extending as far as the commissure.

EDITORIAL DEPARTMENT.

PERISCOPE.

OVARIOTOMY—WHO FIRST PERFORMED THE OPERATION?

In his report, "Improvements in Surgery in the Last Fifty Years," published in the transactions of the American Medical Association for 1860, Dr. Joseph N. McDowell, of St. Louis, says:—"I hold in my possession testimony which must prove, satisfactorily, that the credit of the first operation does not belong to Dr. Ephraim McDowell, but to others. In 1808, a lady of Stanford, Kentucky, called on Dr. E. McDowell to be examined and operated on by him. He pronounced it a case of ovarian disease, and told her it was incurable, for she must eventually die by the bursting of the tumor in the abdomen. She returned home in despair, but, having related her case to an old Indian hunter, who, in later life, had made his living by speying animals, he proposed to cure her if she would submit to the operation. She said it was but death and she would try it, and, accordingly, John King opened the abdomen as he would that of a sow or heifer, and the tumor being pedunculated, he passed a ligature around the neck and cut it off, and in two weeks the woman was entirely recovered. Mr. John Camden, of New Orleans, and Peter G. Camden, formerly a mayor of this city, (St. Louis,) will both testify to the correctness of this statement."

[The above story is pretty well told, and may be true, every word. It certainly *seems* to be well authenticated, but it pre-supposes an amount of anatomical, physiological, and pathological knowledge that would hardly be found in an Indian hunter, even though the later years of his life had been spent in speying animals. It is one thing to spey a sow or a heifer, but quite another to spey a woman,

without some anatomical knowledge. But our readers have the story for what it is worth—it *may* be true.—Eds. Med. and Surg. Reporter.]

THE DIAGNOSIS OF HYDROPHOBIA.

M. A. Samson (*Journ. de Med. et Chirurg. Prat.*) lays great stress on the importance of an early diagnosis of Hydrophobia, as being the best preventive of a spread of the disease. After detailing the ordinary symptoms of the disease, M. Samson goes on to say:

"But there is an unmistakable sign, which is never forgotten by those who have once heard it; it is the *howling of the rabid animal.* The voice of the mad dog undergoes a special modification, which conclusively points to the diagnosis. Nothing is more convincing than the following fact, related by Mr. Bouley:

"One Sunday, two pupils returning to the School (Veterinary) of Alfort, at nine o'clock in the evening, heard the howling peculiar to rabies, which proceeded from a watch-dog in a neighboring house. They hastened to apprize its master of the impending danger. Fortunately the dog was still chained up, and was not released that night. On the following morning he was taken to the school, and pronounced to be rabid, to the great astonishment of its owner, who could not believe that this animal, *still as docile, as caressing, and obedient* as in health, was attacked with so terrible a disease. The presence of mind of these pupils, doubtless, prevented great misfortunes; had it not been for their interposition, this dog, which was of a large size, would have been let loose, perhaps have escaped, and might have occasioned many accidents in the surrounding country.

"In this instance, the diagnosis reposed on the mere sound of the voice, and was accurate. Mr. Samson, then a pupil of the school, saw, some days after, the same dog die with all the symptoms of rabies."

NEW PROPOSITIONS IN SURGERY.

Dr. E. S. Cooper, of San Francisco, says that at the next meeting of the Medical Society of the State of California, he intends to present the following propositions, and offers them for criticism or refutation:

1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, excepting where it acts mechanically; as when admitted into a vein by producing asphyxia, into the thoracic cavity, by its pressure producing collapsion of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

3d. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

4th. That opening the joints early, in cases of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient in any respect than when performed on parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

6th. That extensive wounds opening freely the large joints, such as the knee, (even when lacerated, as by a saw, which must necessarily heal by granulation,) do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon or ligament will not or cannot be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament or tendon can safely be sepe rated, has not the least foundation in fact. Each of the above propositions has been fully tested by experience in numerous cases, which, during the course of a series of articles, shall be drawn upon as largely as brevity will admit of.

CHLOROFORM IN POISONING BY STRYCHNIA.

Dr. M. Schuppert, of New Orleans, in the *Medical Times*, of that city, publishes a case of the successful use of chloroform by inhalation, in poisoning by strychnia. The patient, a medical man, had accidentally swallowed about a grain of strychnia. The spasms, which are described as fearful, were readily subdued by the chloroform, but it was found necessary to keep the patient constantly under its influence for many hours. About six ounces of chloroform were used in less than six hours.

There were 141 graduates from the medical department of the University of Nashville at its commencement, recently held.

REVIEWS AND BOOK NOTICES.

Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania, at the Thirteenth Annual Commencement, March 1st, 1861. By Thomas Moore, M. D. "—— *miseris succurere disco.*" —Virgil.

Medical Valedictories at this season are as plenty as blackberries in August. In their appearance, too, they resemble that of the chameleon, of varied hues. We have selected the one bearing the above title, for notice in this week's Reporter, as the most *atomic* of the group, and because "facts interest *us more* than any theories," and because, "what *we* have *seen*, *we* do not doubt and will not disbelieve."

"In behalf of my colleagues, it becomes my pleasing duty to extend to you their cordial valedictory congratulations, and to bid you, in their name, an affectionate farewell. Farewell! How many joyous, yet sorrowful thoughts does this little word suggest! It breathes at once a blessing and a prayer; a blessing on your future aims and endeavors; a prayer that God may still watch over you, and guide your footsteps in the paths of pleasantness and peace. With that word we dismiss you from our charge."—P. 1.

"With that little word we dismiss you from our charge."—P. 1.

"But, gentlemen, we must detain you no longer; other voices are calling you away. Sounds from home are already ringing on your ears. Fond hearts are already throbbing with joyful emotion, in anticipation of your coming; and it may be, that gentle eyes are already watching for your return.

"A father's cheek flushes with pleasure and with pride, and a mother's breast heaves with mingled hopes and fears while awaiting your arrival. But is there not one dearer than these, who may, perhaps, be listening for your coming footsteps, with an anxiety, which none but she can feel, which she would blush to acknowledge? Go then to the happy meeting."—P.16.—*T. Moore, M. D., Valedictory, March* 1*st*, 1861.

"I am commissioned by the Faculty to extend to you their valedictory congratulations, and to bid you, in their name, an affectionate farewell.

Farewell! How many suggestions, both joyous and sorrowful, are connected with that little word. It includes within its narrow compass at once a prophecy and a prayer—a prophecy of a prosperous future for you, and a prayer that your feet may be guided in the paths of pleasantness and peace. With that word we dismiss you from our charge."—P. 1.

"I have detained you long already, gentlemen. The voices of home call you away from us. Loving hearts yearn for your return, and gentle eyes already begin to look for your coming. A mother's anxious breast heaves with mingled hope and fear, and a father's cheek flushes with pleasure.

"A dearer than these perhaps may listen for the coming footsteps with a secret anxiety she would blush to utter. We would not, if we could, keep you from the happy meeting. Go then, &c."—P. 21.—*H. S. Patterson, M. D., Valedictory, Pa. Col., March 7th*, 1849.

The motto for this portion of the Valedictory should have been "meum et tuum."

For the balance of Dr. Moore's address, Shakspeare has left on record the best of all criticisms:

"Speaks an infinite deal of nothing: his reasons are two grains of wheat hid in two bushels of chaff; you shall seek all day ere you find them; and when you have them, they are not worth the search." W. J.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 23, 1861.

INTER-SESSIONAL MEDICAL TEACHING.

This season of the year is very appropriately devoted, particularly in our large cities, to private medical instruction by means of didactic lectures, with illustrations and demonstrations, and by the more direct method of question and reply—or, in ordinary student parlance, by *quizzing*. There are many intelligent, able, practical men, who devote themselves to this work of private medical instruction, and whose intercourse with their pupils, being free and familiar, is calculated to aid them materially in the prosecution of their studies. The courses of instruction are thorough and well demonstrated. The student of medicine is very fortunate who can avail himself of these unusual advantages. They well repay their cost.

This species of medical teaching has some decided advantages over the winter courses — the advantages, indeed, of a deliberate *tête-à-tête* meal in the family or restaurant, over the boisterous, gormandizing, and cramming public dinners so familiar to all who resort to our large cities. More food may be imbibed at the latter, but it is illy digested,

and is too often followed by a hyperæmic state of the system, that makes one, for a time at least, feel anything but comfortable. Still, a "public dinner" can be had on no other terms.

Up to within a few years, most of the private teaching in this city was monopolized by the professors in our medical colleges, or by a few who were regarded as in the direct line of succession to professorial chairs. These gentlemen held charters of Medical Institutes, in which a corps of six or eight would unite in giving a demonstrative course of lectures on the various branches of medicine to their own students, or any others who might choose to take their tickets. This plan, perhaps, on account of past associations, has always commended itself to our judgment, as the best that could be devised for inter-sessional medical instruction. There was sufficient formality about it to impart some system to medical teaching, while the familiar intercourse between the students and the lecturers, or, at any rate, their own preceptors—who, as we have said before, if not themselves professors, were so capable as teachers, as to be regarded as in the regular line of succession to professorial chairs — aided the former greatly in their studies, and placed them on a very good footing for a profitable attendance on the succeeding winter's course. Some of the best-informed practitioners of medicine and surgery in the United States at this day, hold the diploma of Dr. Chapman's old Medical Institute that met in Lodge alley, or of the Association for Medical Instruction whose habitat was in College avenue. It may be old fogyish in us to wish the days of these institutes back again: if it is, our readers must pardon the weakness.

It must not be supposed, however, from anything we have said above, while under the influence of a longing after the "good old ways," that no good facilities exist here for didactic and demonstrative medical instruction during the interregnum between the regular courses in the colleges. On the contrary, these facilities do exist, are ample, and may, in spite of our prejudices, be superior to the old institute teaching. The difference is, that instead of two associations for medical instruction there are a dozen—instead of six or eight lecturers on the several branches in each association, there are two or three who divide the branches between them. The classes, in consequence, are smaller, which may have its advantages. Certain it is, the facilities for thorough inter-sessional medical teaching in this city are of the highest order. The same may be said, also, of New York, Boston, and other large cities.

In connection with this species of medical instruction in this city, we wish to say that more liberality ought to be shown by the trustees and managers of our hospitals and dispensaries in giving medical teachers opportunities of illustrating their lectures by patients drawn from them. Take the Philadelphia Dispensary, for instance —what a splendid course on diseases of the skin, or of the eye, or of the chest, etc., etc., might be given by a competent teacher, if there was a lecture room connected with the Dispensary, in which he might give instruction to limited classes of medical students. Something of this kind is due to a profession, "to which the world has always looked to carry out her great humanitarian causes." It would be but widening the influence of these eleemosynary institutions for good, by using them to render a class of men competent to perpetuate their objects—the relief of human suffering.

The lecturers and teachers in this city, however, provide cases to illustrate their courses, and it is to spare them the trouble and expense of doing so, that we make the above suggestion.

The thought has occurred to us, why should medical institute teaching be confined to our large cities? Why not have medical institutes or academies in healthy, attractive localities throughout the country, to prepare students for medical, as well as classical and literary academies to prepare them for other colleges? Would not a little associated effort of this kind to establish medical academies, have a good effect in advancing medical education? We think it would be an improvement on the plan of "reading" or "riding" with many of the doctors who take in students, and whose notions of medicine are very crude indeed.

THE NEED OF A PUBLIC MEDICAL LIBRARY IN PHILADELPHIA.

There is not, in this city, a medical library which is, on any terms, fully accessible to the profession. The mass of the practitioners, when they wish to refer to a book which they do not possess, are compelled to purchase it. This, without knowing more of it, frequently, than the publisher's announcement, may not always be advisable, nor very convenient.

We have in Philadelphia the largest medical libraries in the country, and although they are of great utility, in the restricted limits of those who are entitled to a recourse to them, yet, to most of the medical practitioners of the city, are inaccessible, and, perhaps, to many even their existence is unknown.

The largest library is that of the Pennsylvania Hospital, which dates from the year 1763, and has steadily increased in size until the present time, when it contains more than eleven thousand volumes. It has been kept well up with the progress of medical literature, and its antique medical productions could not be replaced. A Catalogue Raisonné, which has been recently prepared, is a model in its way, and the collection has, in itself, all the requisites of a good library. Unfortunately, the terms on which its use is offered, although really low for the great benefit which may be derived from the investment, are not such as are convenient to the generality of practicing physicians, particularly so to beginners, who have most need of a library, and the most time to spend in reading. The library, too, can be entered only during two inconvenient hours in the week.

The library of the Philadelphia Hospital is large and valuable, and replete with ancient medical literature. But for a number of years nothing has been added to it, and it has, on the contrary, suffered considerable from sacrilegious depredations. Its doors are, at this time, entirely closed, but it is under good guardianship, and is being re-arranged and catalogued, so as to be again of use to those connected with the hospital.

The library of the Society of the College of Physicians is extensive, but is confined, of course, to the members of the association, and really appears to be but little resorted to.

There are other libraries of a limited character, held in restriction, as those of the smaller hospitals and medical associations. The libraries of a general character, as the Philadelphia, Mercantile, and others, do not contain sufficient medical literature to obtain the interest of the profession.

Thus are all the great collections of books shut up from those who most need them, and have no other resource for research or study.

What is wanted, is a library conducted on the liberal terms of most public libraries, kept replete with the latest medical monographs and journals, and always accessible during the usual business hours of the day. There are few of the profession who would not be favorable to the project of such an institution, and many of the most eminent would give it their influence and pecuniary aid. There are few who could not be benefited by the opportunity of a recourse to a well-provided medical library. Many practitioners have, it is true, large private libraries, but these, if examined, would, for the most part, be found to consist of elementary works, such as they purchased during their collegiate courses. The additions since that period have, probably, been merely the same kind of elementary works, which have more recently appeared, and thus they go on burdening their shelves with heavy volumes without really adding much to the intrinsic value of their collections.

Something more than this is wanting in a library, but which is not attainable without a considerable outlay, and the exercise of much judgment and a knowledge of literature. Monographs of an exhaustive character, records of observation, experiment, and research, and the medical periodicals of all languages of civilization—which are the living history of medical progress—are what are most lacking in private libraries.

What are wanting, too, in the libraries of individuals, are the almost forgotten works of the great men of the profession, of every age, whose labors should be remembered, and stand forever as the landmarks which signify points

gained in the way of progress. Old books are not necessarily stale books. No new book can be in reality the offspring of a single mind, but must, for the most part, be a repetition of what has been from age to age transmitted.

The only means of establishing a library, for the whole profession of the city, would be by a company associated for that single object. None of the medical societies now existing could accomplish such a project. No one society will ever be acknowledged to be the representative of the whole profession of the city, and the histories of most societies show them to have been controlled to the exclusion of the majority of the profession, by local or factious interests. Perhaps an enterprise like that of Mr. Mudie, of London, which has the character of an extensive circulating library, and which purchases a large number of copies of every new publication, might, in this country, if conducted on liberal terms, be well patronized, though here, where literature can be so cheaply purchased, such an establishment might, perhaps, not be sufficiently supported. At the same time, a full library, in which could be found both American and foreign literature, would be generally resorted to.

If there are those among us whose spirit and philanthropic inclinations would induce them to undertake the organization of a library association, support from the profession could be insured them. All that is required is that the initiatory steps be taken by those in whom the profession have confidence. Sufficient funds for a commencement could soon be raised, and, in time, liberal donations and bequests would make the institution one of great worth and usefulness.

DRUG INSPECTORS.

Among the important appointments in the hands of the administration of our national government, is that of Inspector of Drugs in our large cities, through which importations are made from abroad. As a change of administration generally carries with it a change of most of the subordinates under the government, it is probable that the office in question will be filled by new incumbents. We know nothing at all of the qualifications of those who now fill these posts in our various ports of entry. If they are "capable and honest" we earnestly hope that they will be retained, but if, from any consideration, it is judged best to remove them, we trust that more regard will be had in filling their places to ability properly to discharge the duty than to any mere political claim that may be set up. It is a very important thing to prevent the importation of deleterious drugs, and the man most competent to fill such a post would probably be a very inefficient party-man. As regards this city, we should think it would be safe to follow the advice of the Drug Exchange in the matter. Let us have *competent* Inspectors of Drugs!

Correspondence.

MASSACHUSETTS CORRESPONDENCE.

Boston, March 15, 1861.

MASSACHUSETTS GENERAL HOSPITAL.

Messrs. Editors:—I promised in my last to continue the report of the Massachusetts General Hospital, and give your readers an abstract of the annual reports of the Physician and Superintendent. That promise I now fulfill, and place before you the extract from the interesting report of Dr. John E. Tyler, Superintendent of the Asylum. It is relative to a matter which has repeatedly been urged upon the attention of the community by the officers of lunatic asylums, but which cannot be too often impressed upon the public.

"Too much can hardly be said of the great importance of an early resort to proper treatment in every case of insanity. No instance of decided mental obliquity should ever be considered of trifling moment. As the brain is the most important organ of the human system, so any indication of its ill-working should be regarded with serious concern, and reference to immediate and entire correction. It should be understood that the mischief of all those temporizing expedients and second best ways commonly resorted to, and almost never with benefit—such as supervision at home, visiting acquaintances, traveling with friends—does not consist merely in a loss of time and a proportionate deferring of recovery, nor in the simple aggravation of the disorder to a more protracted yet limited disease, but in this—that to these ill results is superadded the fearful one of irrecoverably wasting the period in which the disease is amenable to remedies, and fixing the

fact of its incurability. In this form of disease, which is of a melancholy and depressing nature, a prompt and right course is pre-eminently important, not only for the reasons above given, but for the tendency to self-destruction which always exists in such cases. The woeful experience of the last year, in multiplied instances in our community, gives greater emphasis to this consideration than any words can give."

The following statement will show the enlightened nature of the treatment of this asylum:

"As many of the family as could safely do so, have visited the different places of interest and amusement in the city. The aquarial gardens, the picture gallery of the Atheneum, and the Mechanics' Fair have been visited with great satisfaction. Some have enjoyed the opera and the museum, and others were delighted with the wonderful chorus of the children in the Music Hall, at the School Festival and the Prince's visit; and many have witnessed the various military parades, and the regattas upon the neighboring rivers. In their season, large sleighing parties have been made up, and followed by festivities, and the holidays of the year have, as usual, been celebrated by social gatherings 'in the oval room.'"

In addition to these, the inmates have had saddle horses and carriages for rides and drives into the country, and about the grounds, facilities for playing ball, billiards, and bowling, gymnastic exercises, an excellent library, the current literature of the day, musical entertainments by eminent artists, and lectures by distinguished gentlemen, have been provided for the patients.

What more could be done to restore reason to these poor creatures, and drive away the frightful fantasies that possess them?

POISONED PAPER-HANGINGS.

The following is a letter addressed to the public by A. A. Hayes, M. D., State Assayer:

"The frequency of accidental poisoning occurring from the use of the arsenic-acetate of copper ('schweinfarth green') as a pigment, leads me to call the attention of the public to this subject as one of importance in connection with health.

"From year to year, an extension of the manufacture and consumption of this article, composed of *arsenious acid*, *acetic acid*, and *oxide of copper*, has taken place, as a consequence of its brilliant and clear green color. At this time, either alone or mixed with other green pigments, it forms a large part of the whole of the fine green used in painting, decorating, and ornamenting. Its application to paper hangings was made within a few years, as a substitute for 'Scheeb's green,' a less soluble and far less noxious compound. Immediately after it was so applied, cases of anomalous poisoning occurred, which for some time could not be traced to this source. The journals reported cases of poisoning more or less severe, and finally the Prussian authorities declared the manufacture and sale of paper hangings colored by this pigment, illegal.

"In England, owing to a growing taste for dark colored papers, the effects of this poison were soon after noticed, and not only the occupants of apartments where green colored paper covered the walls, were affected seriously, but servants who dusted, and the persons who applied it, were poisoned.

"In this country, the consumption of this pigment is increasing rapidly. The green-figured paper hangings—suggesting the impression of coolness—are chosen for covering the walls of summer apartments, in both town and country. Numerous cases of disease in this city have been traced to the poisonous effects of the green pigment on these papers, and some of the more strongly-marked instances of arsenical poisoning have been under treatment by eminent physicians here.

"It is not alone in this connection that this pigment acts as a dangerous substitute for other colors. Fancy paper for many purposes is tainted with it, and our shops display envelopes, cards, boxes, imitation leaves and flowers, covered thickly with its powder.

"The wreaths worn by ladies on festive occasions, often in contact with the moist skin, are poisoned by this substance.

"In the green color of sugar confectionary I have, besides, repeatedly found this poison presented in a most attractive form, and in a warm climate the wooden conduits for rain water, used for all domestic purposes, had their interior surfaces painted with this pigment.

"Among green pigments, this one is readily distinguished, by its brilliant hue, from others which have been long used; and it is in the more strongly green figures of paper hangings that it is chiefly found. The deep-green flock papers, and those with broad stripes, generally have a coating of this pigment, so loosely attached as to be easily brushed off in handling it. This is one of the most dangerous kinds of paper, as the poison is communicated to the human system in the form of dust rising with the dust from other sources in a room. Affections of the throat and lungs, thus produced, often baffle medical skill while the exposure continues; and often the source of disease remains long undiscovered.

"When mixed with other pigments, a firmer attachment to the paper is secured, and here the use of the lens will generally enable one to detect it. A strip of the deep green part of the paper embued with arsenical pigment, slowly burning in a lamp flame, will give off the odor of garlic quite distinctly.

"If the application of this poisonous color to paper hangings had been made under a cover of varnish, or if walls now in part covered with it were properly varnished, much of the risk attending the exposure would be removed, and all the beauty of the color would be retained.

"There can be no excuse offered for mixing this color with green flock, as the dyer of the flock can rival the color of the pigment easily.

"This subject, without prohibitory laws, may safely be trusted to enlightened public opinion, as there are few intelligent persons who, *knowing the extent of injury which may arise from the gratification of mere choice in the selection of paper hangings or ornamental paper*, will now risk the lives and health of themselves, or those dear to them, on such slight grounds.—*A. A. Hayes, M. D., State Assayer.*"

Varioloid has made its appearance in the country, and the populace having become excited, our physicians have as much as they can do to vaccinate all who apply to them for that purpose.

The disease seems to be spreading, and the demand for good vaccine virus is very great.

M.

FOREIGN CORRESPONDENCE.

Malaga, Spain, February 18, 1861.

Messrs. Editors:—When one, who has been accustomed to the cold winters of our Middle States, arrives, for the first time, in a climate where, in January and February, he sees roses blooming and trees blossoming, the effect is almost startling; it seems as if fairy land was suddenly opened out before him. Such were my feelings when I arrived in Andalusia. I cannot help constantly recurring to my first glimpse of tropical plants in the faint twilight of the morning, as the diligence in which I was sitting was descending into the sunny plains of the south of Spain, and to the beautiful valley, covered with green olive trees, which, in a few minutes, a little more light enabled me to see.

It may, perhaps, be interesting to some of your readers for me to mention a few of the plants which are most common here. The most common of all is, perhaps, the olive tree; it is certainly the most common *tree*; but the Agave Americana, or American Aloe, perhaps rivals it in frequency of occurrence, as you may be said never to be out of sight of it: you see it forming almost every hedge. The immense flower stem of this plant is to be seen in great abundance in some places, although the flowers have, by this time, all fallen, and the leaves of these plants are universally dying or dead, the force of growth having become exhausted in the production of the seed. Century-plant is not a proper name for it, as whatever happens in green-houses at home, it *here* flowers in much less time. Although the plant perishes after flowering, yet new leaves spring up from the root, and sometimes several new plants arise by the side of the old decaying one. Mingled with the Agave hedges, and sometimes forming a hedge by itself, may be seen the enormous cactus, which bears the prickly pear, and which must form a very efficient impediment to unlawful encroachments, as it wounds not only by its large points, but by innumerable little stings, like those of the Dolichos pruriens. I have noticed another species of cactus, which grows 12 or 14 feet high, but I have not seen it used for hedges.

In Gibraltar, the Aloe Arborescens was very common and very beautiful, being in full bloom on the 5th of February, when I was there. Other plants in flower at the same time, were the almond tree, an acacia tree, Lavendula vera, an endogenous plant allied to the Scilla, and a little herb belonging to the Sabiatæ, the name of which I did not learn.

The orange trees, too, are now beginning to blossom, although the branches are still laden with the fruit. The fruit is just beginning to show itself on the date palm, which is often seen raising its head above the neighboring trees.

A very common weed, growing over entire fields, is the little palm or palmato, which, however, never grows as high as the palmetto of the Southern States, two or three feet seeming to be its limit.

The two prominent evergreen trees, beside those already mentioned, the encina, or evergreen oak, which is never of very great size, and the Pinus Maritimus, which is often seen covering the sides of hills, and, sometimes, also interspersed among olive trees, and distinguishable by the dark green color, even when at too great a distance for the shape of the trees to be seen.

There is a species of phytolacca here, which is a tree. It is bearing the berries now, and they have a striking resemblance to the ordinary poke berry of Pennsylvania, the Phytolaca decandria.

Thyme, rosemary, and lavender are very common. Elaterium also, at least at Gibraltar; but the little cucumbers have not yet begun to show themselves. The liquorice plant is to be found, but I have not yet seen it.

At Gibraltar, I visited the Naval Hospital, which, however, is naval only in name, as it has been lent by the naval authorities to the military department, and is now used exclusively by them. It is built, like most buildings in this hot climate, around a court-yard, and with an open corridor running around inside. It is two stories high, and arranged in such a manner that each regiment has its own ward, its own apothecary, its own kitchen, and is kept in every respect separate to the others. This, of course, has its inconveniences, as well as its conveniences, rendering necessary a greater number of employees than is at all needed in time of peace. There are sixty or seventy beds for each regiment, but now very few of them are occupied, and those soldiers who *are* sick, are almost all afflicted with syphylis or gonorrhœa.

The medical officers of the British army have the right to retire on half-pay after 25 years service, provided a certain number of these years have been in foreign countries. They have an advantage over the other officers in the army in one respect, that their pay increases with time, even without any elevation of the grade. Half-pay is so only in name; in reality, what is called by that name, is seven-tenths of the salary at the time of retiring.

Very truly, yours,

M. D., Abroad.

P. S.—Here, in Malaga, I have visited a Military Hospital, but there seemed to me to be nothing in it worthy of special attention, so I shall not trouble you with a description of its wards, where, as in Gibraltar, venereal disease was the one with which most of the patients were afflicted. In the kitchen I tasted some of the soup, and also some wine, fresh out of a pig-skin, for of *that nature* are the wine bottles of Spain.

OMENTAL TUMOR.

Messrs. Editors:—Looking over the clinical remarks of Dr. J. Da Costa, in your Journal of the 9th inst., I noticed an account of an omental tumor which interested me, as I had a patient at the time with a tumor, almost precisely similar in appearance, externally, with the exception of the tumor, in my case, being symmetrical, and not extending more to one side than the other.

Dr. Da Costa's cut represents the tumor as extending to a greater extent laterally on the right side than on the left; with my patient the extension right and left of the median line of the abdomen is the same, and from below, upward, or perpendicularly the same as that of his patient.

My patient is a child eight years of age. I examined her by percussion and other means of diagnosis, and found that when I pressed over the epigastric region, she complained of soreness, and that percussion gave a sound which indicated that the contents of the tumor were aqueous. After a little reflection I set it down as dropsy of the omentum minor, and proceeded to treat it according to the diagnosis thus made out. I ordered her a diet of oatmeal gruel, and powders composed as follows:

℞. Pulv. digitalis, gr. iv.
Hyd. chlo. mit., gr. vj.
Pulv. potass. nit., ʒj.

Divide into twelve powders; one every three hours through the day.

Previous to using the powders, I used a cathartic of castor oil; afterwards the bowels were moved by the powders.

After using the powders five days, a very offensive breath was produced. Thinking that the mercurial caused this condition, I used in place of the powder equal portions of the spiritus mindereri and spt. oph. nit. After the second day, the tumor subsided rapidly, and I think that at the end of seven or eight days, at farthest, the tumor was entirely gone, but that there should be a certainty of its entire departure, I used the last-mentioned preparation three days longer.

To remove the fœtid breath, I used five drops of pyroligneous acid three times a day. This corrected the fœtor in two days' time.

It will be perceived that Dr. Da Costa and I pursue different plans to effect the same result. The doctor seems to be possessed of the Brunonian idea that in all diseases there must be debility. We both had the same object in view that was to excite the absorbents, although the fluid in his case was blood, and in mine serum. I used somewhat of an antiphlogistic treatment; the doctor a tonic and deobstruent. With all respect for Dr. Da Costa, I think my plan decidedly the best.

Respectfully,

WILLIAM P. MARR.

Summit Hill, Carbon co., Pa.

NEWS AND MISCELLANY.

Influence of the Climate of California on Prolificity.—Dr. Keeney, U. S. A., in his official report, says:—"It is a notorious fact, that when females from the Atlantic States arrive on this coast, those who have been barren for years, and those who have never borne children at all, no sooner become acclimated than the uterine organs assume a new tone, and conception immediately follows. This change of the uterine functions is not temporary, but is continuous, and the once sterile female may calculate with the greatest certainty that the end of every eighteen months will bring an offspring.

"The American cow, after reaching this coast from the plains, will bring a calf every ten or eleven months, and this calf will bring forth young when two years old. Sheep breed twice, or more frequently bring forth two at each birth than one. Swine have five litters in two years.

"If I were to advance an opinion of my own on this great procreative tendency of both man and beast on this coast, I would attribute it in a great measure to this bland and stimulating climate. The climate has certainly the effect on females who come here, of producing an immoderate action of the catamenial functions; and on man, of arousing his dormant venereal propensities. But I will not attempt to offer any further cause for this, but will leave it for the more scientific."

Medical Science Cosmopolitan.—The cosmopolitan character of the votaries of the science of medicine received an apt illustration in the war of 1859, in Northern Italy, as, indeed, it does on every unfortunate occasion, when nations resort to the terrible arbitrament of the sword to settle disputes, which, after all, are ultimately settled on parchment! The *Medical Times and Gazette*, says:

"The battles of 1859 overcrowded all the hospitals of Northern Italy with the wounded. A sanitary commission was organized, and large hospitals were opened for the wounded and sick of the three belligerent nations. After the battles of Magenta and Melagnano, a few hours sufficed to open twenty-four hospitals in the city of Milan, where nearly *twenty-six thousand* soldiers were provided for by 280 civil practitioners. After Solferino, Brescia, with a population of 30,000 souls, opened thirty-two hospitals, and received patients therein equal in number to one-half its inhabitants. In the various localities the practitioners of the towns and villages rushed to the succor of the wounded, even to the field of battle and under the fire of the enemy. This heroic conduct has been fully appreciated by the military medical officers of both the National and the French armies; and between the military and civil practitioners, between the heads of the French Medical Service, and the physicians of the improvised hospitals, there has taken place an interchange of correspondence, in which gratitude and sympathy have dictated sentiments and expressions naturally called forth by events of such importance. During all the vast rush of emotions under which all Lombardy has been in ecstacies, filling the Corso or la Scala of Milan with tumult and *vivas*, and crowding the ladies with their handkerchies to the balconies, there has been established in the medical atmosphere a more restrained, deeper, and more durable current, in harmony with the grandeur of their united work of courage and charity. Fourteen crosses of the Legion of Honor have been distributed among the Italian practitioners; of this number the medical press has received four, in the persons of Strambio, editor of the *Gazetta Medica di Lombardi;* Borelli, editor of the *Gazetta Medica dei Stata Sardi;* Griffini, editor of the *Annali Amodei;* and Masore, editor of the *Liguria Medica.* The distinction was intended to recompense the intelligent zeal which they had shown in the establishment of provisional hospitals. M. Marzolo, a practitioner of Padua, had manifested so much humanity towards the wounded of the enemy, that the Austrian government felt itself compelled to decree him a medal. But Hippocrates still lives, and the present was refused."

A new medical journal is to be established in Portland, Oregon.

Dr. Isaac Wood has been appointed President of the Medical Board of Bellevue Hospital, New York, and Dr. John T. Metcalf has been appointed to the vacancy occasioned by the death of Dr. John W. Francis.

The Model Doctor's Wife.—In an eloquent eulogy of the late Dr. Francis by Dr. A. K. Gardner, of New York, is an allusion to the companion of his life, the one who, most of all, feels the sad bereavement. We had for years looked on Dr. Francis as the realization of our ideal of a great and good physician, and a social visit to his hospitable home, and an acquaintance with his beloved wife, showed that the model doctor was, indeed, blessed with a model wife.

"That Dr. Francis achieved all that he did, is in no small degree owing to the opportunity afforded for the expansion of his genius by the freedom from domestic cares, by the methodical disposition of household matters, by the relief from many of the annoyances, petty vexations, and harassing disturbances incident to the life of a practicing physician. She it was who attended to the innumerable callers desirous of the doctor's signature to petitions, influence with parties or mere loungers, aiming only to pass some of their vacant hours agreeably. She received his professional calls, arranged his numerous consultations, remembered the ages of the children in his practice, provided virus, and saw that they were duly vaccinated. She attended to the nightly calls, thus preventing the exposure which, to the doctor, was so apt to be followed by the most serious laryngitis. I have necessarily alluded to these facts, because to them the doctor owed so much of the time which he used to such good purpose, and because it seemed due to pay a passing tribute to the exemplary, devoted, genial, beloved woman, the pattern doctor's wife."

Army and Navy Intelligence.—The leave of absence heretofore granted to Assistant-Surgeon G. Perin, has been extended to April 1, 1861. At the expiration of his leave, he has been ordered to report for duty at West Point, New York.

The leave of absence heretofore granted to Assistant-Surgeon R. V. Abbott, for the benefit of his health, has been extended to July 1, 1861.

The following naval general orders on rank and precedence, were issued on the 25th ult.:

Surgeons of the fleet, and surgeons of more than twelve years, rank with commanders.

Surgeons of less than twelve years, rank with lieutenants.

Passed assistant-surgeons rank next after lieutenants.

Assistant-surgeons rank next after masters.

Commanders and executive officers, of whatever grade, while on duty, take precedence of surgeons.

Medical Commencements in New York.— The fifty-fourth Annual Commencement of the Medical Department of Columbia county, New York, (late College of Physicians and Surgeons,) was held on the 14th inst. After the administration of the Hippocratic oath, the degree of Doctor of Medicine was conferred on 61 young gentlemen.

The charge to the graduates was delivered by Edward Delafield, M.D., president of the college. He gave a brief biographical sketch of Dr. Bard, the founder of the present College of Physicians and Surgeons, and eulogized his life and labors.

Dr. Lyman, of the graduating class, delivered the valedictory address, and Dr. Smith then announced the awarding of prizes for dissertations, as follows:—The first prize, of $50, to Mans Rosa Vedder, of Schenectady, New York; and the second prize, of $25, to Charles Carter, of New York.

Honorable mention was also made of Alfred North, of Connecticut; Henry M. Lamont, of New York, and William Henry Carman, of Pennsylvania.

The committee empowered to award the munificent prizes offered by Dr. Jacob Corson, announced that the first prize of $100 and a gold medal of the value of $50, was awarded to John A. Shread, Jr., of New York, and the second, of $50 and a silver medal, to John Elderkin, also of New York.

The New York Medical College held its Commencement on the evening of the 13th. There were seventeen graduates, who, after having subscribed their names to the Hippocratic oath, received the degree of Doctor of Medicine. The honorary degree of M.D. was conferred on two Cuban practitioners.

Certificates of proficiency in toxicology were given to twelve members of the class by Prof. Bern A. Budd. The prize for the best thesis was awarded to James E. Steele, and the second to J. Henry Guild. Four other theses were also recommended as worthy of especial mention, and of printing.

The valedictory address was given by Prof. Raphael.

Montgomery (Pa.) County Medical Society.—At the last meeting of this flourishing medical society, the following gentlemen were elected officers for the present year:

President—Dr. J. Newton Evans.

Vice-Presidents—Drs. Anderson and Newberry.

Recording Secretary—Dr. Robinson.

Corresponding Secretary—Dr. H. Corson.

Treasurer—Dr. J. J. Comfort.

Censors—Drs. Leedom, Wm. Corson, and Read.

Dr. J. J. Reese, late Professor of Chemistry in Pennsylvania Medical College, is organizing a class of students and graduates in medicine for *practical instruction in medical chemistry.*

The subject of toxicology will receive special attention, both in the determination of poisons (organic and inorganic) and the action of their antidotes. Pharmaceutic chemistry will also be studied, so far as it relates to the extraction of the active medicinal principles and the chemical reaction of medicines.

For further information, inquire at the Laboratory of Booth, Garrett & Reese, Chant street, rear of St. Stephen's church, Tenth street, above Chestnut.

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MARRIED.

York—Homer.—On the 18th instant, by Rev. W. H. Furness, George W. York, M.D., of Dansville, N. Y., to Mary A. Homer, of Philadelphia.

Willard—Spence.—At the residence of the bride's brother, in Murphveesboro, Tennessee, on the 5th March, by the Rev. Dr. Green, of Nashville, Dr. Sylvester D. Willard, of Albany, to Miss Ellen Spence, of the former place.

Dimmick—McQuade.—March 19th, at Port Carbon, Pa., by Rev. J. H. Wythes, M.D., Anthony Dimmick, M.D., of Jeansville, Pa., to Miss Mary McQuade, of Port Carbon.

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Answers to Correspondents.

Dr. G. F. C., New York.—We have no means of procuring vaccine virus direct from the cow, nor do we think that it is important that it should come from that source. We have sent you by mail some which comes from a perfectly reliable source.

Dr. C. R. E., Penn'a.—The Pennsylvania State Medical Society meets at Pittsburgh on the *second Wednesday in June.*

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COMMUNICATIONS RECEIVED.

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